



Enhance Your Life  
Clermont, FL 34713

[www.enhancemobility.com](http://www.enhancemobility.com)

800-296-4151

**Thank you for your interest in Enhance Mobility Products. We are the distributors of the most innovative medical equipment available today including the revolutionary Transformer Scooter. Becoming a Dealer with us is simple and profitable.**

### **Dealer Account Set Up Instructions**

1. Complete the dealer application including the Statement of Accuracy, Personal Guarantee, MAP Agreement, and Credit Card Authorization.
2. Attach a copy of your business license and resale permit (if applicable).
3. Email documents to [sales@enhancemobility.com](mailto:sales@enhancemobility.com) or Fax to 407-749-6284

When all required documentation is received, a representative from the Enhance Mobility team will contact you.

### **Dealer Requirements**

All dealers are required to list the products exclusively distributed by Enhance Mobility on their website (if applicable) and all other forms of advertising in accordance to the MAP agreement.

HME Dealers (store fronts) are required to purchase a demo unit for the showroom. This demo unit can later be sold at a discounted price.

**We are so excited to have you onboard and look forward to a long successful partnership.**



## Dealer Application

\_\_\_\_\_  
Legal Business Name (same as business license)

\_\_\_\_\_  
Owner

\_\_\_\_\_  
DBA (Doing Business As)

\_\_\_\_\_  
President

\_\_\_\_\_  
Shipping/Billing Address (No PO Boxes Please)

\_\_\_\_\_  
Authorized Purchasers

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Website

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Business Type (Corp, LLC, Partnership, etc)

\_\_\_\_\_  
Federal Tax ID #

\_\_\_\_\_  
Date Business was founded

### Trade Reference

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Account # Term Credit limit

\_\_\_\_\_  
Account # Term Credit limit

### Statement of Accuracy

I, \_\_\_\_\_, hereby certify the information contained herein is complete and accurate.

\_\_\_\_\_  
Authorized Signature

### Personal Guarantee

I, \_\_\_\_\_, hereby personally guarantee any and all credit extended to my company. I will be personally responsible and liable for all balances due, including costs of collections, should that become necessary.

\_\_\_\_\_  
Signature

## Minimum Advertised Price (MAP) Agreement

As an approved reseller of products exclusively distributed by Enhance Mobility, the undersigned agrees not to advertise any products distributed by Enhance Mobility below the stated minimum advertised price (MAP) provided in our published dealer price list. Enhance Mobility Inc. at its sole discretion, without notice and from time to time, may add or delete products to the list of products subject to this MAP policy and may change the minimum advertised prices for such listed products.

This agreement applies to the undersigned's advertised prices in newspapers or catalog print, direct mail pieces, faxes, radio, television or on the internet. This policy does not affect the price at which the undersigned may sell an applicable product exclusively distributed by Enhance Mobility Inc.

If the undersigned advertises products exclusively distributed by Enhance Mobility below the stated MAP, Enhance Mobility Inc. will be entitled to all of its rights and remedies available to it, including, without limitation, the right to disqualify the undersigned from receiving discounts and benefits, as well as the right to sell any products exclusively distributed by Enhance Mobility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Company

---

### Credit Card Authorization

I, \_\_\_\_\_ authorize the use of my credit card for charges incurred with Enhance Mobility Inc.

Name (as printed On Card ) \_\_\_\_\_

Billing Address \_\_\_\_\_  
Street address City State Zip

Type of Card \_\_\_\_\_ Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ CSC 3 or 4 Digit \_\_\_\_\_

Signature \_\_\_\_\_ Company \_\_\_\_\_

---

Please return completed application, along with a copy of your driver's license and business license to:

Enhance Mobility, 530 South Eola Dr, Orlando, FL 32801

[sales@enhancemobility.com](mailto:sales@enhancemobility.com) \* Fax - 407-749-6284