



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.

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.

Authorized Signature

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

Dealer Policy Agreement

Enhance Mobility reserves the right to refuse approval of any application for any reason included but not limited to:

- Inability to provide proof of a live website that is actively and successfully selling related product (Minimum annual sales volume of \$50,000) Applicable to Online Dealers only.
- Failure to provide proof of a relevant location in which product can be sold and displayed. Applicable to Storefront Dealers only.
- Limited/ no background in Durable Medical Equipment.
- Failure to present business tax ID and resale permit (if applicable).

Dealers must receive approval before going "live" with any product listings for Enhance Mobility on the internet. All Enhance Mobility listings must be up to date and accurate with current model and product description. Enhance Mobility adheres strict to MAP Policy out of fairness to all dealers. Non-compliance or frequent violation of MAP Policy will result in termination of Dealer status.

Enhance Mobility offers warranties on product that are not to be altered or published in any other way than what is offered by the manufacturer. Misrepresenting or extending manufacturer's product warranty is considered a violation and will result in the suspension and/ or termination of Dealer Status.

To be featured on Enhance Mobility's Local Dealer locator, Authorized dealers with a storefront are required to initially purchase and maintain a demo unit at advertised location. Dealers that also service Durable Medical Equipment at their location must initially purchase a demo unit or sell product directly to customer before having access to parts and/or accessories at Dealer cost.

I, _____ have read and adhere to Enhance Mobility Dealer Policy Agreement.



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 business license to:

Enhance Mobility Inc.

15410 CR 565 A, Suite B, Groveland, FL 34736

sales@enhancemobility.com * Fax - 407-749-6284