



D&D Systems
Designers and Developers of
Custom Rehabilitation Equipment.

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Credit Application and Dealer Authorization Form

Legal Name: _____

Years in business: _____ No. Of Employees: _____

Business Address: _____

City: _____ Postal Code: _____

Phone No: _____ Fax No.: _____

Shipping Address (if different): _____

City: _____ Postal Code: _____

Phone No: _____ Fax No.: _____

E Mail: _____ Number of other locations: _____

Bank Reference

Bank: _____ Contact: _____

Address: _____

Phone No: _____ Fax No: _____

Credit References (Please supply 3 references)

Company: _____ Contact: _____

Address: _____

Phone No: _____ Fax No: _____

Company: _____ Contact: _____

Address: _____

Phone No: _____ Fax No: _____

Company: _____ Contact: _____

Address: _____

Phone No: _____ Fax No: _____

Company Information

Authorized Dealer for:

Invacare Yes No Sunrise Yes No Pride Yes No

Service Technician:

Name: _____ Years of Experience _____

Name: _____ Years of Experience _____

Name: _____ Years of Experience _____

Signature Title: _____

Date