DEALER APPLICATION

To open an account, complete both sides of this application and return to Maddak.
Dealer Application must be submitted to open a new account or to reactivate an existing account if you have not ordered in the past 18 months.

Company Name __________________________________________
Street Address __________________________________________
City __________________________ State ________________ Zip __________
Contact ___________________ Title __________________ Website __________________
Phone ________________ Fax ________________ Email __________________

What best describes your business?

❑ Retail
❑ Wholesale

If retail, what type?
(Please check all that apply.)

❑ DME/HME
❑ Pharmacy/Drug Store
❑ Senior Living
❑ Mail Order – Stocking
❑ Mail Order – Non-Stocking
❑ Internet – Stocking
❑ Internet – Non-Stocking
❑ Other – Please list

What type of sales force do you utilize?

❑ Inside
❑ Outside
❑ Manufacturer Reps
❑ Other – Please describe

What type of marketing do you participate in?

❑ Regional Advertising
❑ National Advertising
❑ Direct Mail
❑ Trade Shows
❑ Telemarketing
❑ Other – Please describe

If wholesale, what are your target markets?
(Please check all that apply.)

❑ DME/HME
❑ Pharmacy/Drug Store
❑ Hospitals
❑ Rehab Centers
❑ LTC Facilities
❑ Other – Please list

Do you print your own catalog?

❑ Yes    ❑ No
If yes, how often?

❑ 1x/year
❑ 2x/year
❑ Other – Please describe
CONTACT INFORMATION

Please provide the names and email addresses of people who should be contacted regarding new products, pricing updates, monthly specials and more. Please list all.

Name: ___________________________________________ Title: ___________________________________________
Email: __________________________________________________________________________________________

Name: ___________________________________________ Title: ___________________________________________
Email: __________________________________________________________________________________________

Name: ___________________________________________ Title: ___________________________________________
Email: __________________________________________________________________________________________

CREDIT INFORMATION
(Use complete addresses)

Industry Suppliers

1. _______________________________ A/C# ____________________ Phone _______________ Fax _______________
Address _____________________________________ City ________________________ State/Zip _________________

2. _______________________________ A/C# ____________________ Phone _______________ Fax _______________
Address _____________________________________ City ________________________ State/Zip _________________

3. _______________________________ A/C# ____________________ Phone _______________ Fax _______________
Address _____________________________________ City ________________________ State/Zip _________________

Bank ____________________________________________ Account # ____________________
Address _____________________________________ City ________________________ State/Zip _________________

Phone ___________________________ Fax ___________________________ email _____________________________

I hereby authorize the above references to supply Maddak with the requested credit information pertaining to our company.

Authorized Signature ____________________________________________
Title ________________________________ Date __________________

Authorized signature acknowledges full agreement to published terms and conditions for stocking distributors.

APPLICATIONS MUST BE FILLED OUT COMPLETELY
Opening Order Must be $50.00 Net

Email, Mail or Fax to: Maddak Inc.
661 Route 23 South • Wayne, NJ 07470-6814 USA
To order call 973-628-7600 • fax 973-305-0841 • custservice@maddak.com • www.maddak.com