

Thank you for your interest in purchasing via credit with HPMS, Inc. dba The Therapy Connection.

If you have Established Credit, Subsequent Ordering is Easy as 1, 2, 3!

No minimums or forms required for approved established credit term accounts in good standing.

1. During checkout, simply select "Purchase Order" as your only payment method.
2. Enter your Purchase Order number or full name of the person authorized to place the order.
3. Place your order. It will be processed, shipped and your invoice emailed.

*Invoice payments can be made via credit card or check made payable to: **HPMS Inc.***

If you seek to Establish Credit, please follow these guidelines;

1. Place a minimum initial Purchase Order of \$250.00 in one of three ways;

- a) **Shop On-line:** at checkout, select "Purchase Order" as your only payment method, enter your Purchase Order number or the full name of the person authorized to place the order.
- b) **Email your Order to us at:** inquiry@hpms.com - include your Purchase Order number and state Credit Terms: **Net 30/1.5%/mo. on overdue.**
- c) **Fax your Order to us at:** (603) 898-9348 - include your Purchase Order number and state Credit Terms: **Net 30/1.5%/mo. on overdue.**

2. Fully complete the Credit Application* and send it to us via email at: inquiry@hpms.com or fax to: (603) 898-9348. In order to process your request, we will need to verify your references. If your \$250+ order is received without a Credit Application, one will be sent to you. Sending us your Credit Application upon ordering will help expedite the process. Payment is due on -\$250 initial orders.

3. Your order will be Pending Approval once we receive your Order and Credit Application. Please allow 5-7 days to verify information provided as the process is highly dependent on how quickly your credit references respond. Since processing of your order is subject to credit approval, products will not ship until your information is verified and your facility approved.

4. Once your Application is approved, your order will be processed, ship via your chosen method and your invoice emailed to you. All orders are F.O.B destination, freight prepaid and added (unless order qualifies for Free/Discounted Delivery Program) via Ground Service. Rush shipments and deliveries available at an additional charge.

- **Full payment terms and agreement details are stated on the attached Credit Application.**
- **Incomplete Credit Applications will not be processed.**
- **Government Agencies, Nonprofit tax-exempt Organizations:** [HPMS W-9 Form](#)



HPMS Inc., dba The Therapy Connection Credit Application

128 Rockingham Rd., Windham, NH 03087 Phone: (603) 898-3909 Fax: (603) 898-9348 Email: inquiry@hpms.com

Company Name _____ Purchase Order #: _____

Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

A/P Phone # _____ Fax # _____ Type of Business _____

E Mail Address _____ Accounts Payable E Mail _____

Fed Tax ID # _____ Sales Tax # _____ In Business Since _____

Business Structure: Corporation Partnership Sole Proprietor Government University Other:

Sales Contact Name _____ Monthly Credit Requested \$ _____

Accounts Payable Contact Name _____ Physical Therapy Contact _____

Names of Owners, Partners or Corporate Officers (SS# required for all Partnerships or Sole Proprietorships):

Table with 7 columns: Name, Title, SS#, Address, City, State, Zip. Rows 1 and 2.

** Applications will not be processed without complete Credit Card information - Credit card will only be charged when balance is overdue and accumulated finance charges will be collected at the time the card is charged. Balances over 30 days are subject to 1.5%/mo. daily accrual. Credit Terms: Net 30/1.5%/mo. on overdue.

Credit Card # _____ exp. _____

Name on Card: _____

Billing address of cardholder: _____

Please be sure Reference contact information is correct. Inaccuracies will delay your Credit Term approval.

Bank References:

Bank _____

Phone # _____ Fax# _____ Acct. # _____

Dun & Bradstreet: # _____ Rating: _____

Trade References:

1. Company Name _____ Contact Person _____

Phone # _____ Fax # _____ Acct. # _____

2. Company Name _____ Contact Person _____

Phone # _____ Fax # _____ Acct. # _____

3 Company Name _____ Contact Person _____

Phone # _____ Fax# _____ Acct. # _____

By providing the information above and signing below, I fully understand and agree to abide by the following:

- HPMS, Inc. remits invoices via e-mail only.
- Credit Terms: Net 30/1.5%/mo. on overdue. If granted credit, Buyer agrees to pay invoices within 30 days of invoice date.
- Accounts over 60 days will be automatically charged for unpaid invoices and daily interest accrued.
- Buyer agrees to place an initial order totaling \$250.00 or more when requesting Credit Terms.
- Initial orders under \$250.00 will automatically be charged to the Buyer's credit card.
- No minimums required on subsequent orders with approved account in good standing.
- Buyer agrees to pay attorney and/or collection expenses if Buyer defaults on any outstanding invoice.

I make the foregoing application for credit for the purpose of obtaining merchandise on an open account basis and I authorize HPMS. Inc. The Therapy Connection to inquire regarding credit information contained in my application.

Printed Name/Buyer _____ Buyer's Title _____

Signature/Buyer _____ Date _____