

O&P CREDIT APPLICATION

Please complete the form below and fax it to Accounts Receivable at 800-655-4963. We will respond via fax and/or mail within one business day whenever possible. If you have questions, please contact us at 800-328-4058.

Billing Address

Name: _____
Street: _____
City, State, Zip: _____
Telephone: _____ Fax: _____ E-mail Address: _____

Shipping Address (if different from above)

Name: _____
Street: _____
City, State, Zip: _____
Telephone: _____ Fax: _____

Type of Entity

Proprietorship Partnership Corporation Other

Name & license of BOC/ABC Practitioner _____
 Myo Certified C-Leg® Certified

Ownership

Name(s) _____
Social Security # (if other than Corporation) _____
TRW # (if available) _____ How long company has been in business _____

Payables

Contact Person _____ Title _____ Phone _____

Bank Information

Name _____ Account Number _____ Phone _____
Address: _____
Contact Person: _____

Credit References

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
Contact/Account #: _____	Contact/Account #: _____

Your Signature: _____

Customer Service: 800.328.4058	Fax: 800.655.4963
Web Address: www.ottobockus.com	E-mail: usa.customerservice@ottobock.com

The logo for Ottobock, featuring the brand name in a stylized, blue, cursive script with a registered trademark symbol.

QUALITY FOR LIFE