Adaptive Switch Laboratories Supplier Application

Thank you for your interest in becoming an Adaptive Switch Laboratories supplier. ASL is highly dedicated to the rehab process. Along with our commitment to high quality and service, we require our suppliers to share in this commitment for the betterment of disabled individuals.

SUPPLIER REQUIREMENTS:

ASL requires our suppliers to be educated by all the power wheelchair manufactures, to have a service department that is knowledgeable in repair, and at least one or more persons must be certified through our ASL technical course and have passed the exam. ASL suppliers must actively participate in the evaluation process have knowledge of the equipment as well as disabilities and what characteristics or progressions may occur. They must also have working knowledge of the types of wheelchair electronics and how programming will assure a successful outcome.

To help suppliers fulfill their requirements, ASL offers two day technical certification courses at Adaptive Switch Laboratories in Spicewood, Texas. Please contact our office for dates or visit www.asl-inc.com. Click on “Education”, click on “Technical Courses”.

LOANER EQUIPMENT:

Understanding the rehab process, ASL is committed to helping fit the right products for the right situation. We have an extensive loan program for the evaluation process so you can make sure you are selecting the right product for your client. In order to receive ASL loaner equipment for your client evaluation, a valid purchase order is required from an ASL certified supplier. The purchase order will only be billed for shipping charges unless the loaned equipment is not returned within the agreed loaned period. The loan period is 20 days from the date the equipment is received. Please contact our office or visit www.asl-inc.com. Click on “Technical Support”, click on “Warranty, Repair & Loaner”.

EVALUATION KIT:

To aid in the evaluation process ASL can help you put together a custom demo kit at an extra discounted price. This equipment will be marked “Not for Resale” but any equipment purchased through our demo program will be updated at no charge for the life of the equipment. Please contact us if you are interested in purchasing an evaluation kit.

DISCOUNT STRUCTURE:

All suppliers that have submitted the supplier application and have fulfilled all of the requirements will be contacted with their discount structure and payment terms.

If you have any questions regarding the application process please call us at 830-798-0005. Please return Supplier Application to: ASL PO Box 636 Spicewood, TX 78669 or FAX 830-798-6221
Credit Application

Name:_______________________________________________________________________________

Address:_____________________________________________________________________________

City:________________________________ State: ____________  Zip Code:____________________

Phone Number:__________________________   Fax Number:__________________________

Is your company a:    Corporation_____   Partnership _____  Sole Proprietorship _____

Type of business:___________________ Is business location: owned ___ leased ___ rental ___

As applicable, list names and title of corporate officers, partners, or owner:

Name:________________________________________  Title: ____________________________

Email address___________________________________________________________________

Name: ________________________________________  Title:____________________________

Email address___________________________________________________________________

Name: ________________________________________  Title:____________________________

Email address_____________________________________________________________________

Name of person in charge of Accounts Payable:___________________________________

Bank References:

Bank: __________________________________________________ Branch: ________________

Address: ________________________________________________ Phone: _________________

Trade References:

Name:________________________________________

Address:_______________________________________

Phone: ___________________________ Fax: ___________________________

Name:________________________________________

Address:_______________________________________

Phone: ___________________________ Fax: ___________________________

Name:________________________________________

Address:_______________________________________

Phone: ___________________________ Fax: ___________________________

Signature:________________________________     All accounts are payable NET 30 days.

Title: __________________________________________
Company Name: ___________________________________________

The following people in this company are Power Chair Manufacturer Certified:

<table>
<thead>
<tr>
<th>Name &amp; email address</th>
<th>Certification</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following people in this company are ASL Certified:

<table>
<thead>
<tr>
<th>Name &amp; email address</th>
<th>Date of Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attention Credit Department:

By signing below, we acknowledge and agree to the following terms on any items ordered and received from Adaptive Switch Laboratories, Inc.:

- Payment terms are NET 30.

- No returns will be accepted without a return authorization number from ASL.

- There will be a 25% restocking fee on all returned goods.

- No returns will be accepted for custom or special ordered products.

- Any exceptions to the above must be authorized in writing from ASL.

____________________________________________________________
Signature/Title       Date