



Dealer Questionnaire

Company Name: _____

DBA: _____

Address: _____ **City:** _____ **St:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Are you accredited?

Yes

No

By Whom? JCAHO CHAPS Other _____

Do you currently accept:

Visa

MasterCard

American Express

Discover

Does your store currently have a website?

Yes

No

If Yes:

☞ Would you like us to add our catalog to your current site, or build a new site?

Add

Replace

☞ If you currently have a site and would like us to attach our catalog, will you want the site to be hosted by HME Providers?

Move Hosting

Do Not Move Hosting

☞ Do you currently own a web address (URL)?

Yes

No

If Yes:

What is your URL?

If No:

We will allow you to attach your name to our URL "*yourname.hmeproviders.com*" for a period of 30 days until you select and purchase your own URL. For help selecting your own web address please contact our office for assistance and pricing.

Front Page Notes: _____

Comments: _____

Please select **8** key words *or* (Meta Tags)

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

What products and services do you provide?

- | | | |
|---|--|--|
| <input type="checkbox"/> Manual Wheelchairs | <input type="checkbox"/> Ostomy | <input type="checkbox"/> CPAP |
| <input type="checkbox"/> Power Wheelchairs | <input type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Bath Safety |
| <input type="checkbox"/> High End Wheelchairs | <input type="checkbox"/> Beds | <input type="checkbox"/> Orthotics |
| <input type="checkbox"/> Electric Scooters | <input type="checkbox"/> Lift Chairs | <input type="checkbox"/> APM, Low Air Loss |
| <input type="checkbox"/> Enteral Nutrition | <input type="checkbox"/> Wound Care | <input type="checkbox"/> Compression Hose |
| <input type="checkbox"/> Urological | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Incontinence |
| <input type="checkbox"/> Stairlifts | <input type="checkbox"/> Elevator Lifts | <input type="checkbox"/> Soft Bracing |

Other: _____

Which Manufacturers and Distributors do you use?

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Access Industries | <input type="checkbox"/> Carefoam, Inc. | <input type="checkbox"/> Leisure Lift | <input type="checkbox"/> Standers |
| <input type="checkbox"/> Access Point Medical | <input type="checkbox"/> Chad Therapeutics | <input type="checkbox"/> Mabis | <input type="checkbox"/> Sterling Stairlift |
| <input type="checkbox"/> Acorn | <input type="checkbox"/> Cherokee Uniforms | <input type="checkbox"/> Medela | <input type="checkbox"/> Summit Stairlift |
| <input type="checkbox"/> Adaptive Switch Labs | <input type="checkbox"/> Clark Healthcare | <input type="checkbox"/> Medline | <input type="checkbox"/> Sunbox Co. |
| <input type="checkbox"/> Aerogen | <input type="checkbox"/> Complete Medical | <input type="checkbox"/> Merits | <input type="checkbox"/> Sunrise Medical |
| <input type="checkbox"/> Afton Medical, LLC | <input type="checkbox"/> Convaquip | <input type="checkbox"/> Nova | <input type="checkbox"/> Therasense |
| <input type="checkbox"/> Airistar Technologies | <input type="checkbox"/> Convatec | <input type="checkbox"/> Obus Forme | <input type="checkbox"/> Ultilet |
| <input type="checkbox"/> Allman Products | <input type="checkbox"/> Dalton Medical | <input type="checkbox"/> Omron | <input type="checkbox"/> VitalWear |
| <input type="checkbox"/> Alumiramp, Inc. | <input type="checkbox"/> Dana Douglas | <input type="checkbox"/> Otto Bock | <input type="checkbox"/> Vitalcare |
| <input type="checkbox"/> American Bantex | <input type="checkbox"/> Diagnostic Devices | <input type="checkbox"/> Pari | <input type="checkbox"/> VPI |
| <input type="checkbox"/> Amy Systems | <input type="checkbox"/> Diestco | <input type="checkbox"/> Permobil | |
| <input type="checkbox"/> Apollo Health | <input type="checkbox"/> Drive Medical | <input type="checkbox"/> PikStik | |
| <input type="checkbox"/> Apothecary Products | <input type="checkbox"/> Essential | <input type="checkbox"/> Polymer Concepts | |
| <input type="checkbox"/> Battle Creek | <input type="checkbox"/> Evolution | <input type="checkbox"/> Prairie View Industries | |
| <input type="checkbox"/> BD | <input type="checkbox"/> EZ Smart | <input type="checkbox"/> Pride Mobility | |
| <input type="checkbox"/> Bird and Cronin | <input type="checkbox"/> FLA Orthopedic | <input type="checkbox"/> Resmed | |
| <input type="checkbox"/> Bison | <input type="checkbox"/> Freedom Concepts | <input type="checkbox"/> Respronics | |
| <input type="checkbox"/> Bladez Health Products | <input type="checkbox"/> Harmar | <input type="checkbox"/> Roche | |
| <input type="checkbox"/> Blueair | <input type="checkbox"/> HDI | <input type="checkbox"/> Roho | |
| <input type="checkbox"/> Boca Medical | <input type="checkbox"/> HealthCraft | <input type="checkbox"/> Salk | |
| <input type="checkbox"/> Bruno | <input type="checkbox"/> Infopia USA | <input type="checkbox"/> SeNova | |
| <input type="checkbox"/> CTM | <input type="checkbox"/> Invacare | <input type="checkbox"/> Shoprider | |
| <input type="checkbox"/> Camp Healthcare | <input type="checkbox"/> Jobst | <input type="checkbox"/> Silver Star Mobility | |

Other: _____

Will you add any new manufacturers' products yourself? Yes No

If No:

Will you contact manufacturer for their database? **or** Submit for request based on customer's frequent demand **or** Hire a customer service rep to add products

What is your sales tax rate: _____

List the contacts that our office will communicate with, based on the listed subject:

Web Site Design - - - - -	
New Product Selections - -	
Accounting - - - - -	
Customer Service - - - - -	

**HME Providers, Inc.
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