

Member# _____ Dues: _____ Member Service Rep: _____ Start Date: _____



MEMBER APPLICATION



Current VGM/U.S. Rehab Member Number: _____

Please print clearly and complete all fields:

*Legal Company Name: _____

DBA: _____

*Type of entity: Individual/Sole Proprietor Corporation Partnership Other

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Billing Address (if different than mailing address): _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Toll Free Phone: _____

Owner's Name: _____

Store Contact (if different than owner): _____ email: _____

*Federal Tax ID# : _____ NPI#: _____

Please include additional branch locations on back page

List your top 5 product vendors and approx. annual volume with each:

- 1. _____ 2. _____ 3. _____
- 4. _____ 5. _____

Accounts payable contact person at your company: _____

Does your company have a website? Yes No If yes, the address: _____

*Is your company insured? Yes No

Who is your liability insurance carrier? _____ Renewal Date: _____

Credentialed Employees: (check all that apply)

CEAC: Name _____

ATP: Name _____

PT: Name _____

OT: Name _____

CAPS: Name _____

Other: Name _____

What products and/or services do you provide? (Please check all that apply)

- Bath remodels Stair lifts Patient supports
- Grab bars (install) Porch lifts Elevator
- Kitchen remodels Ceiling lifts ECUs (environmental control units)
- Ramps (rental) Wheelchair/Scooter lifts Licensed General Contractor
- Ramps (built) Patient lifts Other _____

*Required field for membership consideration.

Branch Name: _____ Store Contact: _____
 Branch Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone: _____ Fax: _____ email: _____
 Federal Tax ID# : _____

Branch Name: _____ Store Contact: _____
 Branch Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone: _____ Fax: _____ email: _____
 Federal Tax ID# : _____

Please include additional branch locations on a separate sheet.

Communication is key!

VGM Live at Home sends out monthly email communications. By completing this application you have agreed to opt-in to receive these communications.

Please log on to www.vgmliveathome.com to register for a username and password to access the Members Only Portal.

- I wish to join VGM Live at Home, a VGM Group, Inc. company.
- I understand that I must employ at least one Certified Environmental Access Consultant (C.E.A.C.SM) to participate in and receive benefits from VGM Live at Home within one year of membership.
- Membership in VGM Live at Home does not constitute participation in all VGM Group companies and services, only those pertaining to VGM Live at Home.
- I understand my monthly dues will be in the amount of \$ _____
- I understand that I must stay current (60 days) on payment of dues or will be subject to cancellation.

Copies of the following documents are required to complete the application process:

- **Proof of Liability Insurance**
- **Current C.E.A.C./CAPS Certifications**
- **Proof of Sales Tax Permit or T.I.N.#**

This application is submitted in connection with business and commercial financing and NOT for personal, family or household purposes. You warrant the information on or relating to this application (the "Data") is true and complete, and you will notify us of any material change therein. You consent to and authorize (i) us and our agents to obtain commercial and consumer credit reports, make other inquiries and investigate references and data, and (ii) anybody contacted by us or our agents to release credit and financial information. We comply with Section 326 of the USA Patriot Act, which mandates that we verify certain information about you while processing your account application.

You also authorize us to set off any sums due you from any of our affiliated companies, including but not limited to HOMELINK, against any unpaid sums you owe us, our affiliated companies, or VGM Financial Services, without notice. You hereby waive any and all claims for payment of any setoff made and also release HOMELINK from any and all claims or liability for said payment. I understand that VGM enters into contracts with participating vendors to obtain discounted pricing for members, and that such vendors may pay a fee to VGM not exceeding 3% of the price of goods I purchase from the vendor.

EQUAL CREDIT OPPORTUNITY ACT. If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact our Customer Service Representative, 800-532-7392, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3710, Houston, Texas 77010.

By signing below, the undersigned principal or guarantor of the applicant hereby authorizes VGM to obtain one or more credit profiles on him, her and/or the applicant from a credit reporting agency for use in connection with (a) the transaction currently contemplated, (b) the extension of credit, (c) any subsequent updates, renewals, or extensions of the transaction currently contemplated or credit, and (d) review or collection of any resulting accounts. In addition, the undersigned hereby authorizes any bank, financial institution or trade reference listed herein to release usual and customary business or personal credit information to VGM. A copy of this signed authorization shall be deemed an original for all purposes.

Owner's Signature _____ Date _____
 VGM Live at Home Associate _____ Date _____

Please bookmark the following website for reference and register for the respective members-only pages:

www.vgmliveathome.com