

## Orthotic & Prosthetic Professionals Only

To establish an account, **PLEASE COMPLETE, SIGN AND RETURN APPLICATION** to our office

Please include:

- 1) TAX RESALE CERTIFICATE
- 2) PRACTITIONER'S CERTIFICATE

### BILLING ADDRESS:

Facility Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### SHIPPING ADDRESS: (list additional locations on page 2):

Facility Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### GENERAL BUSINESS INFORMATION:

[Please include copies of: 1) Tax Resale Certificate 2) Practitioner's certificate]

Owner and/or CFO Contact: \_\_\_\_\_

Type of business: \_\_\_\_\_ Years in business: \_\_\_\_\_

Corporation  Partnership  Sole Proprietor  Other

Incorporation Date: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Tax ID #: \_\_\_\_\_ PCC# (if applicable): \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Sales Rep Name** (if applicable): \_\_\_\_\_

### AUTHORIZED PRACTITIONERS:

Name	Credentials	Certification No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

**PAYMENT OPTIONS:**

- 1. Check
- 2. Wire Transfers (additional transaction fee applied)
- 3. Credit Card

**CREDIT POLICY:**

In order to establish a Surestep account please scan/e-mail, mail or fax this completed provider agreement to our office – contact info below. Any agreement that is not complete or does not have an ABC or BOC certified ortho-  
tist/prosthetist on staff will not be processed.

**CREDIT TERMS:**

Standard Terms are 30 days/\$2,000.00. Higher credit limits are available upon request to accounts in good credit and clinical standing (in terms of patient care, quality and follow-up) subject to the discretion of Surestep management. Delinquent accounts are subject to 1.5% monthly charge (\$2.00 minimum.) Credit card prepayment terms will be automatically established for accounts delinquent 60 days or more. Credit can be re-established when account becomes current and verbal agreement exists with Surestep to uphold the credit terms in the future. Any account that is once again 60 days delinquent will be put on credit card prepayment terms permanently.

I certify that all the information on this form is correct, that I fully understand your credit terms, and agree to adhere to said terms in consideration of credit extended. In the event it becomes necessary to collect this account by means of third party collection agency or attorney, I authorize all costs of collection to be charged to this business account. I also understand that there will be a \$30.00 fee charged on all returned checks.

Authorized Signature	Title	Date
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Printed Name \_\_\_\_\_

**Additional SHIPPING LOCATIONS FOR THIS BILLING ADDRESS ONLY (attach additional pages if necessary):**

Facility Name: _____	Facility Name: _____
Doing Business As: _____	Doing Business As: _____
Ship to Address: _____	Ship to Address: _____
City/State/Zip code: _____	City/State/Zip code: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____

Facility Name: _____	Facility Name: _____
Doing Business As: _____	Doing Business As: _____
Ship to Address: _____	Ship to Address: _____
City/State/Zip code: _____	City/State/Zip code: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____

