

Provider Agreement



To establish an account,
PLEASE COMPLETE, SIGN AND RETURN APPLICATION

Fax: 866.700.7837 // Email: orders@surestep.net

Required Supporting Documentation:

1) Tax Resale Certificate

2) Practitioner's Certificate (O&P) // or // Medical License Number

Sales Rep Name (if applicable)

BILLING ADDRESS	SHIPPING ADDRESS (List additional locations on page 2)
Legal Name	Legal Name
Doing Business As	Doing Business As
Address	Address
City/ST/Zip	City/ST/Zip
Phone	Phone
Fax	Fax

GENERAL BUSINESS INFORMATION			
<input type="checkbox"/> O&P	<input type="checkbox"/> Physician	<input type="checkbox"/> Therapist	
Primary Contact			
Type of business		Years in business	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Other
Incorporation Date		State of Incorporation	
Tax ID #		PCC# (if applicable)	
Billing Contact			
Phone		Fax	
E-mail			

AUTHORIZED PRACTITIONERS					
Name	Credentials	License/Certification #	Phone	Email	
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 incomplete or is submitted without required supporting documentation **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

Printed Name

ADDITIONAL SHIPPING ADDRESS 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/ST/Zip	City/ST/Zip
Phone	Phone
Fax	Fax
Contact Name	Contact Name
Email	Email

BANK REFERENCE

Bank Name	Contact
Address	Phone

TRADE REFERENCE

1	Name	Phone
	Address	
2	Name	Phone
	Address	
3	Name	Phone
	Address	