6



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

Fax: 866.868.1890 // Email: orders@surestep.net

Required Supporting Documentation:

1) Tax Resale Certificate

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

Sales Rep Nam	e (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 BUS	INESS INFORMATION	ON				
□ O&P		:				
Primary Contact						
Type of business			Years in business			
☐ Corporation	☐ Partnership ☐	☐ Sole Proprietor ☐ Other				
Incorporation Date				State of Incorporation		
Tax ID #			PCC#	PCC# (if applicable)		
Billing Contact						
Phone			Fax			
E-mail (Required if	paying by Credit Card)		_ :			
AUTHORIZED	PRACTITIONERS					
Name	Credentials	License/Certification #		Phone	Email	
1						
2						
3						
4						
5						

PAYMENT OPTIONS:

1. Check 2. Wire Transfers (additional transaction fee applied) 3. Credit Card (Subject to 3% Surcharge) * 4. E-check*
*Requires enrollment in Surestep payment portal; see instructions on next page

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	S FOR THIS BILLING ADDRESS ONLY (atta	ch additional pages if necessary)		
Facility Name	Facility Name	Facility Name		
Doing Business As	Doing Business As	Doing Business As		
Ship to Address	Ship to Address	Ship to Address		
City/ST/Zip	City/ST/Zip	City/ST/Zip		
Phone	Phone	Phone		
Fax	Fax	Fax		
Contact Name	Contact Name	Contact Name		
Email	Email	Email		
BANK REFERENCE				
Bank Name	Contact	Contact		
Address	Phone	Phone		
TRADE REFERENCE				
1 Name	Phone			
Address				
2 Name	Phone	Phone		
Address				
3 Name	Phone	Phone		
Address				

Surestep Payment Information

Please keep this page for your reference.

Accounts Receivable Contact:

E-mail: ar@surestep.net Phone: 877-462-0711

We accept the following payment methods:

Checks- Remit to: Surestep Attn: Accounts Receivable 17530 Dugdale Dr. South Bend, IN 46635 ACH/Wire:

If interested, please request our banking information to make a deposit or you may use our Customer Portal to use your banking information to pay by electronic check. (Portal signup instructions are below)

Credit Cards:

Visa, Mastercard, American Express, Discover *Please see information below

If Paying by Credit Card:

*All credit card payments will be subject to a 3% surcharge depending on state guidelines

- Once your Surestep account has been created and confirmed by Customer Service, please use the following link to begin
 creating your payment portal account: https://connect.ebizcharge.net/surestep
- You will use the e-mail address provided under the "General Business Information" section of the Provider Agreement and your Zip Code provided for your billing address to confirm your Surestep account.
- Once you've confirmed your account, you will receive an e-mail to complete the registration and create your username and password.
 - Username: Must be at least 6 characters long and contain only letters and numbers.
 - Password: Must be at least 8 characters long and contain at least 1 letter and 1 number with no spaces.
- After your registration is complete, you can now return to the main login page and access the portal using your username and password.

Security and Privacy Notice:

All credit card and banking information is saved as a token to your account. Because the information is saved as a token, your sensitive information is never at risk of exposure.

For any questions billing or invoices questions, please feel free to contact ar@surestep.net For order questions/shipping status requests, please feel free to contact orders@surestep.net