

APPLICATION FOR CREDIT

Please complete and return this form to Stance Healthcare as soon as possible. **U.S. Customers:** Please attach a sales exemption certificate for the state to which the goods are to be delivered, and allow one week for processing.

Date: _____

CORPORATION ONLY:

Company Name: _____

Address: _____ City: _____ State/Prov: _____

Postal Code : _____ Phone: _____ Fax: _____

U.S.A. IRS Tax ID (also known as) FEIN: _____ Canada BN: _____

Note to U.S. customers: Your FEIN is required by Homeland Security

Accounts Payable Email Address (for sending invoices): _____

PROPRIETORSHIP OR PARTNERSHIP ONLY:

Company Name: _____

Address: _____ City: _____ State/Prov: _____

Postal Code: _____ Phone: _____ Fax: _____

Principals: 1) _____ D.O.B. _____ S.I.N. _____

2) _____ D.O.B. _____ S.I.N. _____

S.S.N: _____ (Required by Homeland Security)

DUNS#: _____

Accounts Payable Contact: _____ E-mail: _____

Number of years in Business: _____

Has your company ever declared Bankruptcy?: _____

BANKING INFORMATION:

Bank: _____ Account: _____

Address: _____

Manager: _____ Email: _____

Phone: _____ Fax: _____

Trade References:

1) _____ Contact: _____

Ph: _____ Fax: _____ Email: _____

2) _____ Contact: _____

Ph: _____ Fax: _____ Email: _____

3) _____ Contact: _____

Ph: _____ Fax: _____ Email: _____

SBA Socio-economic Category (for reporting purposes – US Customers only, please check all that apply):

- ANC** **HUBZone** **MBE** **SDB** **SDVOB** **SDVOSB**
- VOB** **VOSB** **WBE** **WOSB** **OTSB** (Other Than Small Business)

Credit Policy

For an initial order from a new customer of less than \$10,000.00 Stance will require payment in full prior to the ship date. Further,

- For all initial orders, Stance requires a sales tax exemption certificate to comply with U.S. tax regulations.
- Stance requires the customer's IRS Tax ID number or FEIN, as shown on the W9. The FEIN must be included on the waybill to ship the goods across the border, as mandated by the U.S. Department of Homeland Security.
- Stance requests that the customer submit a signed credit application so that we can establish credit terms for a future order.

Stance insures its receivables. For an initial order of \$10,000.00 or more,

- Stance will seek Credit Insurance Coverage from its insurance carrier for the difference between a 50% of net deposit from the customer and the order total. As long as coverage is granted, a 50% deposit will be requested from the customer.
- If coverage is denied, or a lower credit limit is set by the insurance carrier, the customer will be asked to remit payment in full, or a larger deposit equal to the uninsured amount, prior to the ship date
- The balance of the order total is to be paid within credit terms of net 30 days from date of shipping. Customer Service will notify the customer when the order ships, and an invoice for the balance will be generated at that time.
- When credit is initially granted, Stance MUST have a signed credit application from the customer prior to the ship date, plus the sales tax exemption certificate and FEIN. Applicants for credit terms are required to complete the question on the application regarding the Socio-Economic status of the organization. Stance is required to report that information to the U.S. states and group purchasing organizations with which it holds a contract.

Once an account history of payment within terms is established, credit terms will be net 30 days from date of shipping. Further,

- Should the combined total of current invoices and orders in production grow to exceed the credit limit set by Stance's insurance carrier Stance may, at its discretion, apply for a higher credit limit equal to that total. If the higher credit limit is denied by the insurance carrier, a deposit for the difference will be required.

Stance reserves the option to request a deposit for high dollar orders.

CREDIT CHECK CONSENT

As an authorized representative/employee of the fore-noted applicant, I hereby consent to have the bank and trade references release credit and banking information to STANCE HEALTHCARE, INC. for the purpose of conducting a credit check.

Completed by

Signature

Title

Date