



APPLICATION FOR CREDIT

Please complete and return this form to don.c@stancehealthcare.com . **U.S. Customers:** Attach a sales exemption certificate for the state to which the goods are to be delivered.

Date: _____

CORPORATION ONLY:

Company: _____

Address: _____ City: _____ State/Prov: _____

Zip/Postal Code : _____ Phone: _____ Fax: _____

U.S.A. IRS Tax ID or FEIN: _____ **Canada Bus. Tax ID:** _____

Note to U.S. customers: Your FEIN is required by Homeland Security to ship your goods across the border.

Accounts Payable Invoice Email Address: _____

PROPRIETORSHIP OR PARTNERSHIP ONLY:

Company Name: _____

Address: _____ City: _____ State/Prov: _____ Zip/Postal Code: _____

_____ Phone: _____ Fax: _____

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

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

1.) S.S.N (US) _____ **(Required in the absence of a FEIN)**

2.) S.S.N (US) _____ **(Required in the absence of a FEIN)**

DUNS#: _____

Accounts Payable Contact (payment enquiries): _____

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: _____

****ATTN.: U.S. CUSTOMERS - SBA Socio-economic Category** (for reporting purposes - please tick all that apply.

Stance must have this information for the state and GPO contracts it holds.)

ANC ____ HUBZone ____ MBE ____ SDB ____ SDVOB ____ SDVOSB ____

VOB ____ VOSB ____ WBE ____ WOSB ____ OTSB ____ (Other Than Small Business – if no other categories apply)

Credit Policy

For an initial order from a new customer of less than \$10,000, Stance will require payment in full prior to the ship date. Further, 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 from a new customer of \$10,000 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 require a deposit for high dollar orders.

By signing this document, I, as an authorized representative of the applicant, agree that the applicant will be bound by the credit policy stated herein. I also hereby consent to having the bank and trade references listed here release credit and banking information to STANCE HEALTHCARE, INC. for the purpose of conducting a credit check.

Completed by

Signature

Title

Date