



45 Goodrich Drive, Unit B2  
Kitchener, ON N2C 0B8  
tel 1.877.395.2623  
fax 1.877.395.6270  
web stancehealthcare.com

## 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. If you are replacing this document with one of your own, please be sure it addresses all questions posed herein.

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: \_\_\_\_\_

---

**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