Provider Agreement

To establish an account,

PLEASE COMPLETE, SIGN AND RETURN APPLICATION

Fax: 574.245.8882 // **Email:** orders@taycobrace.com

Billing Contact	Email

BILLING ADDRESS	**SHIPPING ADDRESS**
Legal Name	Legal Name
Doing Business As	Doing Business As
Address	Address
City/ST/Zip	City/ST/Zip
Phone	Phone
Fax	Fax

PAYMENT OPTIONS:

☐ 1. Check ☐ 2. Credit Card ☐ 3. Wire Transfers (additional transaction fee applied)

CREDIT POLICY:

In order to establish a TayCo Brace, Inc. account please scan/e-mail, mail or fax this completed provider agreement to one of the following: Email: info@taycobrace.com Fax: (574) 245-8882 Mail: 1109 Duey Ave. South Bend, IN 46617

CREDIT TERMS:

Standard Terms are 30 days/$5,000.00. 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 TayCo Brace 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. 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