



Credit/Provider Agreement

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

Fax: 781 881 9903 or Email: sales@andiamo.io

Required Supporting Documentation:

- 1) Tax Resale Certificate
- 2) Practitioner's Certificate (O&P)

BILLING ADDRESS			SHIPPING ADDRESS <i>(List additional locations on page 3)</i>		
Legal Name			Legal Name		
Trading Name			Trading Name		
Address			Address		
City/State/Zip			City/State/Zip		
Phone			Phone		
Fax			Fax		
GENERAL BUSINESS INFORMATION					
<input type="checkbox"/> O&P	<input type="checkbox"/> Physician	<input type="checkbox"/> Therapist			
Primary Contact					
Type of business			Years in business		
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Other		
Incorporation Date			State of Incorporation		
Tax ID #			PCC# (if applicable)		
PO Number Required?			Standing PO Number		
Shipping/Bill to own Carrier?			Carrier Acc No		
Purchasing Contact Name					
Phone			Fax		
E-mail					

andiamo.io | tools.andiamo.io | college.andiamo.io | sales@andiamo.io |

Tel: +1 888 686 6808 Fax: +1 781 881 9903

Andiamo, 1053, 51 Pleasant Street, Malden, MA, 02148, USA



CERTIFIED CLINICIANS					
Name		Clinic	License #	Phone	Email
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

PAYMENT OPTIONS:

- 1). Wire Transfers
- 2) Credit Card

CREDIT POLICY:

In order to establish an Andiamo account please scan/e-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 Andiamo 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 Andiamo 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. I agree to the Terms and Conditions here www.andiamo.io/terms-and-conditions

Authorized Signature
Title
Date
Printed Name

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ADDITIONAL SHIPPING ADDRESS FOR THIS BILLING ADDRESS ONLY <i>(attach additional pages if necessary)</i>		
Clinic Name	Clinic Name	
Trading As	Trading As As	
Ship to Address	Ship to Address	
City/ST/Zip	City/ST/Zip	
Phone	Phone	
Fax	Fax	
Contact Name	Contact Name	
Email	Email	
BANK REFERENCE		
Bank Name	Contact	
Address	Phone	
TRADE REFERENCE		
1	Name	Phone
	Address	
	Email	
2	Name	Phone
	Address	
	Email	
3	Name	Phone
	Address	
	Email	