

2018 Spiff Program

Effective June 2018

Registration Form

Name: _____ Company: _____

Address: _____ State: _____

City: _____ Zip Code: _____

Email: _____

Note: Spiff Program applies only to orders sold at standard discount terms. Spiff Recipient must be referenced on the purchase order. Spiff amount will be calculated by Stance and mailed in the form of a check to address listed above.

PRODUCT SERIES	SPIFF AMOUNT	PRODUCT SERIES	SPIFF AMOUNT	PRODUCT SERIES	SPIFF AMOUNT
 Accent Seating Collection*	\$5.00/chair	 Onward Seating Collection*	\$7.50/seat	 Carson Sleeper	\$10.00/sleeper
 Marathon Seating Collection	\$5.00/seat	 Marna Seating Collection	\$7.50/seat	 Kindred Caseloads Collection	\$10.00/unit
 Legend Seating Collection*	\$5.00/seat	 Cassia Lounge Seating*	\$10.00/seat	 Gibraltar Caseloads Collection*	\$10.00/unit
 Integrity Seating Collection	\$7.50/seat	 Attesa Modular Seating	\$7.50/seat	 Liberty BH Caseloads Collection	\$10.00/unit
 Vista II Seating Collection	\$7.50/seat	 Riviera Lounge Seating*	\$10.00/seat	 Fortress BH Caseloads Collection	\$10.00/unit
 Oasis Seating Collection*	\$10.00/seat	 Verity Lounge Seating*	\$10.00/seat	 Overbed Tables (all models)	\$7.50/unit
 Kite Folding Chair	\$7.50/chair	 Recliners Oasis, Carson, Onward & Verity	\$10.00/recliner	 Physician/Lab Stools	\$5.00/stool
 Vista Seating Collection	\$7.50/seat	 Oasis 3-Position Sleeper	\$10.00/sleeper	 Treatment Tables	\$10.00/table



Earn up to \$150.00 for your recent install photos!

Install photos must be submitted in jpeg format with a resolution of 300 dpi or greater to qualify. All photos must be approved by the marketing team before incentive is credited.

*includes Behavioral Health models

ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION FORM **NEW REQUEST** **CHANGE REQUEST****VENDOR INFORMATION**

Corporation Name

Email Address for Payment Notification

Phone Number & Extension

BANKING INFORMATION

Bank Information

Bank #

Address

Bank Transit #

Bank Account #

Please attach a void cheque and send authorization form to:

Stance Healthcare
275 Shoemaker Street
Kitchener ON N2E 3B3
Attn: Finance Department

Authorization

I hereby authorize Stance Healthcare to process all payments directly to my bank account through Electronic Fund Transfer (EFT). I understand that a new authorization form must be submitted if I wish to update or change my banking information. This authorization will remain in effect until formal written notice of cancellation is received by the finance department.

I understand that the information provided on this form will be used for this reason only and will not be disclosed for any other purpose

Signature

Date

FINANCE DEPARTMENT - AUTHORIZED STAFF USE ONLY:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date Received

Date Entered

Enter By

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.