ORTHO ACTIVE

103-250 Schoolhouse St.
Coquitlam BC, V3K 6V7, Canada
Phone: 604-520-3414 · Fax: 604-520-1193
Toll Free Phone: 1-800-663-1254

ACCOUNT APPLICATION FORM

1. Company Information

Company Name: _____

Street: _____ City: _____

Province: _____ Postal Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

PST/GST Exemption Number: _____

2. Company Details

Principal Owners/Shareholders

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ City: _____

Province: _____ Province: _____

3. Bank Information

Bank Name: _____

Address: _____ City:

Province: _____ Postal Code: _____

Phone Number: _____ Fax Number: _____

Name of Contact: _____

4. Other Contacts

Accounts Payable Contact: _____

Purchasing Contact: _____

Please note: $50.00 minimum order required. Credit terms are net due in 30 days. Orders may be held for overdue accounts.
Any orders that are placed by new accounts will not be shipped until we receive your completed credit application forms.

ORTHO ACTIVE

103-250 Schoolhouse St.
Coquitlam BC, V3K 6V7, Canada
Phone: 604-520-3414 · Fax: 604-520-1193
Toll Free Phone: 1-800-663-1254

5. Credit Card Authorization

Not applicable for net 30 days customers

☐ Visa ☐ Mastercard

Name on Card: _____

Card Number: _____

Expiry Date: _____ CVV Number: _____

6. Type of Business

Check all that apply:

☐ Hospital
☐ Physiotherapist
☐ Rehab Centre
☐ Orthotic/Prosthetic Service
☐ Shoe/Foot Orthotics
☐ Distributor
☐ Sports Medicine
☐ Retailer
☐ Other: _____

7. Invoices

How would you like to receive invoices?

☐ Email ☐ Fax ☐ Mail

8. Online Ordering

If you would like us to create an online ordering account for you, please fill out the following information:

Username: _____ Purchaser's Name: _____

Email Address: _____

9. Packaging

What type of packaging would you like to receive your products in?

☐ Retail - clamshell package
☐ Non-retail - bags

10. Trade References

Please list at least 3. Providing your references' fax numbers helps speed the process of opening your account.

	Company Name	Account #	City	Province	Fax #
1.					
2.					
3.					
4.					

I, _____ personally guarantee the account of the applying company.
(print name)

I also hereby authorize Ortho Active Appliances Ltd. to obtain information regarding the credit standing of the applying company, with regards to purchasing products from Ortho Active Appliances Ltd.

Signature: _____ Date: _____