



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.



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5. Credit Card Authorization

Not applicable for net 30 days customers

Visa Mastercard

Name on Card: _____

Card Number: _____

Expiry Date: _____ CVV Number: _____

7. Invoices

How would you like to receive invoices?

Email Fax Mail

8. Packaging

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

Retail - clamshell package Non-retail - bags

9. 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: _____