

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:			
	City: Postal Code: Fax Number:		
Province:			
Phone Number:			
Email Address:			
2. Company Details			
Principal Owners/Shareholders			
Name:	Name:		
Address:			
City:	City:		
Province:	Province:		
3. Bank Information			
Bank Name:			
Address:	City:		
Province:			
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.

www.orthoactive.com orders@orthoactive.com 1.800.663.1254



5. Credit Card Authorization

103-250 Schoolhouse St. Coquitlam BC, V3K 6V7, Canada

6. Type of Business

Phone: 604-520-3414 · Fax: 604-520-1193 Toll Free Phone: 1-800-663-1254

			7 1		
Not applicable for net 30 days customers		Check all that apply:			
Visa Mastercard  Name on Card:			Hospital		
			Physiotherapist		
			Rehab	Centre	
Expiry Date:	CVV Number:	:	Orthoti	ic/Prosthetic Service	
			Shoe/F	oot Orthotics	
7. Invoices			Distributor		
How would you like to receive invoices?			Sports Medicine		
Email Fax Mail			Retaile	r	
			Other:		
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:			9. Packaging		
			What type of packaging would you like to receive your products in?		
					Email Address:
			Non-re	tail - bags	
10. Trade Reference					
Please list at least 3. Providing	រ your references' fax n	umbers helps sp	eed the process of	opening your account.	
Company Name	Account #	City	Province	Fax #	
1		·			
2.					
3.					
4					
l,(print name)	personally guarante	ee the account of t	he applying compai	ny.	
I also hereby authorize Ortho	o Active Appliances Ltd.	to obtain informa	tion regarding the c	redit standing of the	
applying company, with reg	ards to purchasing prod	ucts from Ortho A	ctive Appliances Ltc	l.	
Signature: Date:					