



14845-6 Yonge St, Suite #416, Aurora, Ontario L4G 6H8

For Internal Use:

CLIENT CREDIT APPLICATION & AGREEMENT FORM

Legal Name of Business:		Trade Name (If different):	
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		Date registered or incorporated:	
Business Address:		City/Town	Province/State
		Postal Code:	How Long:
Business Phone: ()	Fax Number: ()	E-mail:	Web Site:
Specialty:		Doctor License Number:	Annual Revenues: \$
Name of Principal Shareholder / Owner of Business:		Name of President if Incorporated:	
Accounts Payable Contact:	Telephone Number: Ext:	Fax Number:	Email:

YOUR BANKER

Bank:	Full Address:		
Account Number(Mandatory):	Account Manager:	Telephone Number:	How long at this Bank?:

YOUR SUPPLIERS

Name & Address:	Name & Address:	Name & Address:
Name of Contact:	Name of Contact:	Name of Contact:
Telephone Number: ()	Telephone Number: ()	Telephone Number: ()

PERSONAL DATA ON PRINCIPAL/OWNER OF BUSINESS

Last Name of Principal/Owner/Operator:	First Name:	Date of Birth: MM DD YYYY	Social Insurance Number:
Residential Address:	City/Town	Province:	Postal Code:
Home Telephone: ()	Rent <input type="checkbox"/> Own <input type="checkbox"/>	Former Address	

Please fill out the form completely and fax to: 1-866-572-SPEX (7739)

PLEASE PRINT CLEARLY

IMPORTANT: Incomplete information will delay processing of your credit application.

BY SIGNING BELOW, I AUTHORIZE SPEXELL PHARMA AND OR ITS AGENTS, LUMBERMEN'S/MERCANTILE CREDIT BUREAUS, TO CONTACT ANY REFERENCES GIVEN, INCLUDING BANKS, TO RELEASE AND EXCHANGE SUCH CREDIT, BANKING AND FINANCIAL INFORMATION AS MAY BE NECESSARY TO DETERMINE CREDIT STANDING. I ALSO GRANT PERMISSION TO THE TRADE AND BANK REFERENCES LISTED ABOVE TO IMPART FINANCIAL INFORMATION REQUESTED BY SPEXELL PHARMA OR THEIR AGENTS, LUMBERMEN'S/MERCANTILE CREDIT BUREAUS, IN THE COURSE OF REGULAR CREDIT INVESTIGATIONS. AS THE PRINCIPAL/OWNER/OPERATOR REFERRED TO HEREIN I TAKE NOTICE THAT REPORTS WILL BE SOUGHT CONTAINING PERSONAL INFORMATION, FINANCIAL INFORMATION AND CREDIT INFORMATION AND I CONSENT TO THE RECEIPT, DISCLOSURE AND EXCHANGE OF SUCH INFORMATION TO OTHER BUSINESS RELATED PARTIES, AGENTS AND CONSUMER REPORTING AGENCIES. AS THE UNDERSIGNED I HEREBY AGREE THAT SUBSEQUENT CREDIT INFORMATION MAY BE OBTAINED THROUGHOUT THE DURATION OF THE BUSINESS RELATIONSHIP AND CONSENT TO THE RELEASE OF SAID INFORMATION. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, I ALSO CERTIFY THAT I AM AUTHORIZED TO BIND THE COMPANY AND AGREE TO PAY INVOICES IN FULL 30 DAYS FROM DATE OF INVOICE. IN ADDITION I (WE) ACCEPT THAT THERE IS A SERVICE CHARGE OF choose one (1.5% Monthly (19.56 Annually); 1.75% Monthly (23.14% Annually); 2% MONTHLY (26.82% Annually) ON ANY BALANCE OUTSTANDING OVER 30 DAYS.

AGREEMENT

I HAVE READ AND UNDERSTAND THE TERMS & CONDITIONS. I ALSO UNDERSTAND THAT SPEXELL PHARMA CAN CHANGE ITS POLICY AND CAN CANCEL CREDIT SUPPORT SERVICE AT ANY TIME.

Authorized Signature for Applicant:		
Print Name of Person who signed this application:		
Title/Position:	Telephone:	Date Signed:

Phone: 1-866-571-SPEX (7739)

Fax: 1-866-572-SPEX (7739)