



medi Canada Inc.

104-1375 Lionel-Boulet, Varennes, Québec, J3X 1P7

CREDIT APPLICATION FORM

NAME OF COMPANY:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

TEL:

FAX:

EMAIL ADDRESS FOR INVOICES:

EMAIL ADDRESS:

BILLING ADRESSE IF DIFFERENT FROM ABOVE:

BANK:

BRANCH ADDRESS:

TERMS:

ELECTRONIC TRANSFER (EFT) & INTERAC E-TRANSFER

Please provide us with an email address to forward our banking information for EFT

NET 30 DAYS

Please provide name and address of 2 or more firms that you are currently dealing with:

NAME:

ADDRESS:

TEL:

FAX:

NAME:

ADDRESS:

TEL:

FAX:

It is understood and accepted that we reserve the right to verify credit references before any credit allowance is extended. It is agreed and accepted that any other mode of payment requested by the Company will also be accepted and respected. All overdue amounts are subject to a carrying charge of 24% per annum or 2% per month.

NAME:

SIGNATURE:

DATE:

Please return to: recevable@medicanada.ca or fax

Thank you