



## CREDIT APPLICATION

Date \_\_\_\_\_

### (1) Business Information:

\_\_\_\_\_  
**Company Name** (Area Code) **Phone Number** (Area Code) **Fax Number**

\_\_\_\_\_  
**E-Mail Address** **Website**

\_\_\_\_\_  
**Billing Address** **City** **Province** **Postal Code**

\_\_\_\_\_  
**Shipping Address** **City** **Province** **Postal Code**

\_\_\_\_\_  
**GST/HST Number** **Date Established** **Years at current location** **No. of Employees**

### Expected Annual Volume

(2) **Terms Requested:**  Open  Pre-Paid  Credit Card

### If Credit Card:

Visa  MasterCard  American Express

Credit Card Number \_\_\_\_\_ EXP Date \_\_\_\_\_

### If Open:

Requested Credit Limit \_\_\_\_\_

### (3) Contacts

**Buyer** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ **Email** \_\_\_\_\_

**Accts Payable** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ **Email** \_\_\_\_\_

**(4) Principals** (owners, members, partners and/or officers of business):

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|      |       |                        |
|------|-------|------------------------|
| Name | Title | Address / Phone Number |
|------|-------|------------------------|

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|      |       |                        |
|------|-------|------------------------|
| Name | Title | Address / Phone Number |
|------|-------|------------------------|

*If terms requested in (2) are either "Pre-Paid" or "Credit Card", you may skip sections (5) and (6) below and go directly to (7).*

**(5) Trade / Credit References:**

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|         |           |              |         |
|---------|-----------|--------------|---------|
| Company | Account # | Phone number | Contact |
|---------|-----------|--------------|---------|

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|         |           |              |         |
|---------|-----------|--------------|---------|
| Company | Account # | Phone number | Contact |
|---------|-----------|--------------|---------|

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|         |           |              |         |
|---------|-----------|--------------|---------|
| Company | Account # | Phone number | Contact |
|---------|-----------|--------------|---------|

**OR**

For a requested credit limit up to \$1,500 a credit card may be provided. This card will be used to pay any amounts that are at least 15 days past due.

Visa                                       MasterCard                                       American Express

Credit Card Number \_\_\_\_\_ EXP Date \_\_\_\_\_

**(6) Bank Reference:**

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|      |         |                               |
|------|---------|-------------------------------|
| Bank | Address | City / Province / Postal Code |
|------|---------|-------------------------------|

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|                          |                    |         |                |         |
|--------------------------|--------------------|---------|----------------|---------|
| (Area Code) Phone Number | Institution Number | Transit | Account Number | Contact |
|--------------------------|--------------------|---------|----------------|---------|

**(7) AUTHORIZED SIGNATURES:**

The undersigned certifies that the information submitted herein has been carefully read and is true, accurate and complete. The undersigned also grants permission for Dunbar Medical to investigate its credit with suppliers, financial institutions, credit bureaus or credit reporting agencies. The undersigned also agrees to the use of the credit card provided in (5) above as specified in that section. The undersigned also agrees to pay late charges of two percent per month (or the maximum allowable under applicable statutes) computed on the unpaid delinquent balance until the account is paid in full and to pay all reasonable attorney fees, collection costs and other costs which may occur securing performances of such obligation or in enforcement of this guarantee. It is understood that if there is a past-due balance on the account, all outstanding invoices shall become immediately due and payable.

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|           |                      |      |
|-----------|----------------------|------|
| Signature | Print Name and Title | Date |
|-----------|----------------------|------|

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|           |                      |      |
|-----------|----------------------|------|
| Signature | Print Name and Title | Date |
|-----------|----------------------|------|