



#103 - 250 Schoolhouse Street  
Coquitlam, BC V3K 6V7

Ph#: 1-800-663-1254

Fax#: 1-888-558-6565

Ph.# (604) 520-3414

Fax#: (604) 520-1193

## CONFIDENTIAL CREDIT APPLICATION FORM

TO EXPEDITE THE OPENING OF YOUR NEW ACCOUNT, PLEASE FURNISH  
THE INFORMATION REQUIRED BELOW:

Business Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Prov. \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

P.S.T. / G.S.T. Exemption #: \_\_\_\_\_

### PRINCIPAL OWNERS OR SHAREHOLDERS:

NAME	ADDRESS	CITY	PROVINCE
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

Name of Bank: \_\_\_\_\_ City: \_\_\_\_\_

Address: \_\_\_\_\_ Prov: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Purchasing Contact: \_\_\_\_\_

**\$50.00 MINIMUM ORDER REQUIRED. OUR CREDIT TERMS ARE: NET DUE IN 30 DAYS.  
ALL ACCOUNTS OVERDUE ARE SUBJECT TO HELD ORDERS.**

\*\*\* ANY ORDERS THAT ARE PLACED BY NEW ACCOUNTS WILL **NOT BE SHIPPED** UNTIL  
WE RECEIVE YOUR **COMPLETED** CREDIT APPLICATION FORMS. PLEASE  
SEND THEM BACK TO US BY **FAX** FOR QUICKEST PROCESSING. \*\*\*

PLEASE LIST BELOW AT LEAST THREE TRADE REFERENCES:

*(Trade References required before opening an account. Providing the fax numbers of your trade references helps speed the process of opening your account)*

COMPANY NAME	ACCT #	CITY	PROV	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 credit standing of the applying company, with regards to purchasing products from Ortho Active Appliances Ltd.*

Signed this day: \_\_\_\_\_

By: \_\_\_\_\_  
*(Signature)*

**\*\*\* All information will be kept in strict confidence. \*\*\***

Ortho Active Appliances, Ltd.  
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