



Credit Application - Institutional

Business name	Telephone	Fax
Mailing address (No., street, city & province)		Postal code
Delivery address (if different) (No., street, city & province)		Postal code

ACCOUNT PAYABLE				
Contact name		Telephone	Fax	
PST TAX NUMBER If tax exempt - please provide certificate	GST tax number		Estimated annual purchases \$	
Credit references Bank			Account number	
Invoice copies Nb. required:	Mail invoice to <input type="radio"/> Mailing address <input type="radio"/> Delivery address	Purchase order required <input type="radio"/> Yes <input type="radio"/> No	Statement required <input type="radio"/> Yes <input type="radio"/> No	Monthly billing <input type="radio"/> Yes <input type="radio"/> No

ACCOUNT AGREEMENT

In consideration of VitalAire Canada Inc., hereafter referred to as the "Company", granting credit to me/us on the purchase of merchandise, I/we agree to be bound by the following terms and conditions governing any and all such Credit purchases namely:

1. The amount of indebtedness due 30 days from invoice date, shall be payable immediately upon due date.
2. Any amount due and not paid by the end of the month shall be charged a service charge calculated at the end of the month at the rate of 2% per month (24% per annum).
3. Company may vary the service charge rate by giving written notice by way of regular mail to the applicant not less than 60 days before the variation becomes effective.
4. Any payment made in respect of a credit transaction shall be applied first to pay the accumulated service charges and thereafter to reduce the principal amount of the outstanding debt.
5. Company may in its discretion, assess a handling charge in the amount of \$25.00 for any dishonored cheque received from the applicant.
6. I/We hereby apply for credit and agree that Company may obtain consumer or other credit report containing factual information in connection with this application and I/we authorize the receipt and exchange of credit information.

The Parties declare that they requested that this Credit Application and all writings relating thereto be drawn in the English language.

Les parties aux présentes déclarent avoir exigé que la présente Demande de crédit et tous les écrits s'y rapportant soient rédigés en langue anglaise.

Requested by (NAME):

CREDIT CARD PAYMENT AUTHORIZATION

I hereby authorize VitalAire Canada Inc. to charge my credit card each month for any purchases I have made on account until further written notice.

Account No.:

Credit Card

- Amex
 MC
 Visa

Customer Name:

Credit Card Number:

Expiry Date:

Name:

Title:

Date:

AUTHORIZED SIGNATURE

OFFICE USE ONLY

Rev. 5 April 22, 2009

Approved by (Name)

Date

Date application received:

Credit check report reviewed: Yes No

Account No.

\$ Limit