

# Dormer Laboratories Inc.

## CREDIT APPLICATION FORM



### Business Information

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Year Established: \_\_\_\_\_

City/Province: \_\_\_\_\_

GST No: \_\_\_\_\_

Postal Code: \_\_\_\_\_

QST No: \_\_\_\_\_

Telephone: \_\_\_\_\_

Credit Required: \_\_\_\_\_

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

A/P Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

A/P Telephone: \_\_\_\_\_

A/P Contact Name: \_\_\_\_\_

A/P Fax: \_\_\_\_\_

A/P Email: \_\_\_\_\_

### Bank Information

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

Contact Name: \_\_\_\_\_

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

Account No: \_\_\_\_\_

City/Province: \_\_\_\_\_

Telephone: \_\_\_\_\_

Postal Code: \_\_\_\_\_

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

### Credit Reference Information

Name	Address	Phone	Fax

### Credit Card Information

Type of Card: Amex  Mastercard  Visa

Card Holder: \_\_\_\_\_

Card No: \_\_\_\_\_

Signature: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

### Authorization

I hereby agree to pay all invoices in full within 30 days

or

I authorize DORMER LABORATORIES INC. to charge all invoices to my credit card.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Name:(print) \_\_\_\_\_

Date: \_\_\_\_\_

Phone: 1-800-363-5040 / Fax: 1-877-436-7637