

CREDIT APPLICATION FORM

1176 SANDFORD ST, WINNIPEG, MB R3E 2Z9



MEDISCOPE ACCOUNT #

REGISTRATION FORM

LEGAL BUSINESS NAME IN FULL

STREET ADDRESS

TRADE/OPERATING NAME

CITY, PROVINCE, POSTAL CODE

Ship to address, if different from business address:

CONTACT INFORMATION

Business Structure ☐ Corporate ☐ Partnership ☐ Proprietorship ☐ Division/Subsidiary

Phone Fax Email

Provincial College of Pharmacies Accreditation # Year Established

PST # GST # Pharmacy Business Hours

Owner's Name (print name) Date of Birth DDMMYY

Owner's Address

Trade References

Contact Name

Phone

Account #

1)

2)

3)

Narcotics Authorized Person

(Print Name)

OCP License #

PREFERRED METHOD OF PAYMENT

☐ Pre-authorized Debit (PAD)
If selected, please submit a void cheque with this application.

☐ Credit Card
If selected, customer will not be eligible for prompt pay discount. Please complete below)

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CREDIT CARD INFO

Cardholder Name

VI

MC

AX

Card Number

Expiry (MMYY)

CSV #

Please submit a void cheque with this application for EFT Payments

SUMMARIZED FINANCIAL INFORMATION

Approximate Total Assets

Approximate Total Revenue

Number of Employees

Estimated Monthly Purchases

Rx:

OTC:

FS:

HHC:

COLLECTION, USE AND DISCLOSURE OF INFORMATION

The Applicant(s) hereby unconditionally consents to and authorizes Mediscope to collect, retain and disclose (as Mediscope deems necessary) any and all business (or personal) information required to grant and monitor the credit of the Applicant and to obtain any such credit report as may be available from any credit reporting agency, bank, supplier and/or any other institution and to disclose to any credit reporting agency, bank, supplier and/or any other institution the appropriate and required credit information and to disclose and exchange with any person any credit information required for references or to monitor the credit of the Applicants(s). This consent to collect, retain and use business and/or personal information about the above-mentioned persons will be valid until the Applicant(s) no longer conducts business with IDCI and the account has been paid in full. Notwithstanding any of the terms hereof, IDCI shall be under no obligation to extend credit or provide product or services to the Applicant(s). By signing, I/We confirm that I/We have read, understand and agree (individually and collectively) to the contents of this Credit Application and Agreement and acknowledge that the Applicants(s) have been given the opportunity to seek legal advice prior to signing this document and further understand that all matters relating to Privacy Law information can be reviewed and attained via the website: www.priv.gc.ca or by phone 1-800-282- 1376.5

Signature of Signing Officer

Date

Print Name in Full

Position

THANK YOU FOR YOUR INFORMATION