



95 Corporate Drive; Trumbull, CT 06611

Fax: 1-800-262-0105 Tele: 1-800-243-2974

CANADIAN NEW CUSTOMER APPLICATION

Please Complete the Form and send by fax to 1-800-262-0105 to establish an account

Billing Address Name:	Shipping Address Name:
Address:	Address:
City, Province, Postal Code:	City, Province, Postal Code:
Bill to GLN #:	Ship to GLN #:

A/P Contact:	Phone #:	Fax #:
Alternate Contact:	Phone #:	Fax #:
Electronic Invoicing: <input type="checkbox"/> Check box to receive invoices electronically via e-mail instead of USPS mail. Electronic Invoicing E-Mail Address: _____		

Please Check: Corporation Government Sole Proprietorship
Medical Classification: Pharmacy Physician Government
 Clinic Hospital Distributor/Wholesaler Regulatory Compliance Agreement

(Medical or Institution License information required for Account to be established)

License Validation:
 Physician Pharmacist Nurse Physiotherapist Midwife
 Others (Please Specify): _____

Name: _____

License Number: _____

Signature: _____

Terms: 30 Days (Will Mail Cheque)
 Only Master Card and Visa Accepted:
***Please take note: If you choose to pay by credit card, you will be invoiced in US Dollars.**

Currency: Please select currency that you would like to be billed. Please note that once you select a currency, **it is not interchangeable from invoice to invoice or month to month** and will remain in effect as long as you have an account with CooperSurgical.

- Please set up my account to invoice in Canadian Dollars and I will remit payment in Canadian Dollars.
- Please set up my account to invoice in US Dollars and I will remit payment in US Dollars.

Shipping: UPS Ground unless specified. Express, Expedited or Overnight will incur additional charges. Applicant agrees to pay all items within the terms granted, and if upon default, agrees to pay applicable interest or service charges, and/or collection cost associated with collecting debt, including reasonable attorney's fee. The Undersigned warrants that all information provided is true and correct and hereby grants authorization to verify information by checking past credit history and investigate references to determine credit worthiness.

Signature: _____

Printed Name: _____ **Date:** _____