

(Please print or type)

**APPLICATION FOR CREDIT**

<b>Trade Name:</b>		
<b>Registered Business Name:</b>		
<b>Business Address:</b>	<b>City/Prov:</b>	<b>Postal:</b>
<b>Postal Code:</b>	<b>Telephone:</b>	<b>Fax:</b>
<b>Mailing Address (if different from Business Address):</b>	<b>EMAIL ADDRESS:</b>	
<b>Postal Code:</b>	<b>Telephone:</b>	<b>Fax:</b>
<b>Head Office (if different from above):</b>		
<b>Postal Code:</b>	<b>Telephone:</b>	<b>Fax:</b>
<b>OWNER'S/SHAREHOLDERS:</b>		
<b>Name:</b>	<b>Home address:</b>	<b>Home Telephone:</b>
<b>Desired Credit Limit:</b>	<b>Nature of Business:</b>	<b>Back orders accepted:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Established Since:</b>	<b>Type of Ownership:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor	
<b>Name &amp; Address of Bank:</b>		
	<b>Contact:</b>	<b>Tel:</b>
		<b>Fax:</b>
<b>NAME &amp; ADDRESS OF THREE (3) MAJOR SUPPLIERS (please complete all fields):</b>		
<b>Company Name:</b>	<b>Contact Name:</b>	
		<b>Tel:</b>
		<b>Fax:</b>
		<b>Tel:</b>
		<b>Fax:</b>
<b>Language preferred on correspondence:</b>	<b>Provincial Sales Tax Licence No:</b>	<b>GST/HST Licence No:</b>

English  French It is understood and agreed that:

- a) Terms of sale are net 30 days from date of shipment of merchandise, unless otherwise authorized by our Credit Department.
- b) Interest shall be charged and must be paid at the rate of 2% per month (0.066% per day) on any past due balances from the date of original invoice.
- c) Claims must be received by us within 10 days of your receipt of goods. Goods may not be returned without prior written authorization.
- d) Failure to pay invoices as prescribed by the foregoing may be considered sufficient cause for cancellation of any further credit privileges.
- e) All merchandise remains the property of Airway Surgical Appliances Ltd. until paid in full.

**Permission is hereby granted for bankers to release pertinent information. The undersigned, or each of them, if more than one, (a) certifies the above information to be true and correct and, (b) holds signing authority for the above applicant. Consent is hereby given for the disclosure of such information to any person or to any credit reporting agency to whom the undersigned, or each of them, if more than one, has or may have financial relations.**

**APPLICATION MUST BE SIGNED BY OWNER OR OFFICER OF COMPANY TO BE VALID AND COMPLETE.**

Signing Officer (Name & Title)

[Applicant Company Seal here]

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