



Seqirus Canada Inc.
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Customer Relations Department
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2022 – NEW ACCOUNT APPLICATION FORM

SOLD-TO ACCOUNT INFORMATION

Healthcare Professional (HCP) Name (physician or pharmacist) or Name of Corporation owned by HCP		HCP Professional Licence Number
<input type="text"/>		<input type="text"/>
Address		
<input type="text"/>		
City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount of requested credit limit in CAD	Telephone	eMail
<input type="text"/>	<input type="text"/>	<input type="text"/>
Payment term: Net 30 days from the date of invoice	Physician, Pharmacist, Registered Nurse (ON & MB) or Nurse Practitioner (Except Nurses in AB, QC, NB, SK)	HCP Professional Title
		<input type="text"/>
IMPORTANT:	HCP Professional Association	
	<input type="text"/>	

BILL-TO and PAYER CONTACT INFORMATION, IF DIFFERENT FROM INFORMATION ABOVE

Company/Healthcare Professional/Instution Name		Provincial Business Number or Incorporation number
<input type="text"/>		<input type="text"/>
c/o Healthcare Professional indicated on the section above		Physician, Pharmacist, Registered Nurse (ON & MB) or Nurse Practitioner (Except Nurses in AB, QC, NB, SK)
Address		
<input type="text"/>		
City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Contact	Telephone	eMail
<input type="text"/>	<input type="text"/>	<input type="text"/>

SHIP-TO CONTACT INFORMATION, IF DIFFERENT FROM INFORMATION ABOVE

Company/Healthcare Professional/Instution Name		Provincial Business Number or Incorporation number
<input type="text"/>		<input type="text"/>
c/o Healthcare Professional indicated on the section above		
Address		
<input type="text"/>		
City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Contact	Telephone	eMail
<input type="text"/>	<input type="text"/>	<input type="text"/>

Seqirus will mainly ship vaccines on Mondays, Tuesdays and Wednesdays in order to ensure optimal cold chain distribution.

The customer is responsible to ensure someone is on-site to receive vaccines on day of delivery and transfer them immediately to the fridge.

Please allow at least 48 to 96 hours for delivery from shipment confirmation.

IMPORTANT: The HCP attests that he/she:

- (i) will be directly responsible for product storage, record-keeping, etc.,
- (ii) will supervise the injection/administration of products and/or proper delegation of such activities, and
- (iii) represents and warrants that he/she will not sell the vaccines to anyone other than the end user in accordance with applicable laws.

I authorize Seqirus to investigate on the company and/or partnership I represent and obtain all pertinent information. The present document authorizes all concerned parties to divulge all information requested by the creditor. Furthermore, I am committed to complying with Seqirus Terms & Conditions Policy, including the General Provision forbidding exportation.

Authorized Healthcare Professional (Print & Signature)	Date
<input type="text"/>	<input type="text"/>

Company/Institution Authorized Signee (Print & Signature)	Date
<input type="text"/>	<input type="text"/>

* All orders are subject to the Terms & Conditions

<https://www.seqirus.ca/key-customer-information>

* Please return the completed form by email to:

customerservice.ca@seqirus.com