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2022 – NEW ACCOUNT APPLICATION FORM

BILLING ACCOUNT AND ACCOUNTS PAYABLE CONTACT INFORMATION

Company/Healthcare Professional/Institution Legal Name

Healthcare Corporation Number

Address

City

Province

Postal Code

Name of accounts payable contact

Telephone

eMail

Amount of requested credit limit in CAD

Payment term:

Net 30 days from the date of invoice

Professional Association

**Professional Title: Physician, Pharmacist,
Registered Nurse or Nurse Practitioner
(Except Nurses in AB, QC, NB, SK)**

Professional Licence Number

IMPORTANT:

SHIPPING ADDRESS LOCATION, IF DIFFERENT FROM BILLING ACCOUNT ADDRESS ABOVE

Company/Healthcare Professional/Instution Name

Address

City

Province

Postal Code

Name of Buyer

Telephone

eMail

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 immediately to the fridge.

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

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 Trade Policy, including the General Provision forbidding exportation.

Authorized Signee

Date

* 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