

2020 – NEW ACCOUNT APPLICATION FORM

SOLD-TO & ACCOUNTS PAYABLE CONTACT INFORMATION							
Company legal name							
Address							
Dity	Province	Postal code					
lame of account payable contact	Telephone	Email					
Requested credit limit for this account \$CAD	D-U-N-S number	Payment term: Net 30 days from the date of invoice					
\$CAD		-					

SHIP-TO ADDRESS, IF DIFFERENT FROM SOLD-TO ADDRESS ABOVE

Company	name
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Address						
City		Province			Postal code	
Name of buyer		Telephone			Email	
Delivery hours From To	Mon N/A N/A	Tue	Wed	Thu	Fri	Open at lunch time Yes No

Seqirus will mainly ship vaccines on Mondays, Tuesdays and Wednesdays in order to ensure optimal cold chain distribution. Please allow at least 24 to 72 hours for delivery from the moment your order was confirmed.

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