

Customer Relations Department
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2024 / 2025 - NEW ACCOUNT APPLICATION FORM

SECTIO	ON A: SOLD-TO ACCOU	NT INFORMATION	/MANDATOR	ev\
	ON A. SOLD-TO ACCOU	IVI IVI ONIVIATION	(WANDATO)	· · ·
Healthcare Professional (HCP) Name or Name of Healthcare Corporation owned by HCP				HCP Professional Licence Number
,			IMPORTANT:	
			IIVIPORTANT.	
HCP Professional Association				
Address				
City	Province		Postal Code	
Amount of requested credit limit in CAD	Telephone		eMail	
Payment term:			HCP Professional Title	
Net 30 days from the date of shipment	Nurse Practitioner or	Physician, Pharmacist, Registered Nurse (AP) in MB		
	(Nurses in AB, QC	C, NB and SK are not eligible)		
SECTION B: BILL-TO	O and PAYER CONTACT INF	ORMATION, IF DIFFER	RENT FROM SEC	TION A ABOVE
Company/Institution Name		Pro	vincial Business Numbe	er or Incorporation number
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a/a Haalahaaya Dyafaasiayal indicated on the costion of	ah awa			
c/o Healthcare Professional indicated on the section a	above			
Address				
City	Province		Postal Code	
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Name of Contact Account Payable	Telephone		eMail	
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SE Company/Institution Name	ECTION C: SHIP-TO CONTA	Pro	MANDATORY) vincial Business Numbe orporation number	er or
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