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2024 / 2025 – NEW ACCOUNT APPLICATION FORM

SECTION A: SOLD-TO ACCOUNT INFORMATION (MANDATORY)

Healthcare Professional (HCP) Name or
Name of Healthcare Corporation owned by HCP

HCP Professional Licence Number

IMPORTANT:

HCP Professional Association

Address

City Province Postal Code

Amount of requested credit limit in CAD Telephone eMail

Payment term:
Net 30 days from the date of shipment

Physician, Pharmacist,
Nurse Practitioner or Registered Nurse (AP) in MB
(Nurses in AB, QC, NB and SK are not eligible)

HCP Professional Title

SECTION B: BILL-TO and PAYER CONTACT INFORMATION, IF DIFFERENT FROM SECTION A ABOVE

Company/Institution Name Provincial Business Number or Incorporation number

c/o Healthcare Professional indicated on the section above

Address

City Province Postal Code

Name of Contact Account Payable Telephone eMail

SECTION C: SHIP-TO CONTACT INFORMATION (MANDATORY)

Company/Institution Name Provincial Business Number or Incorporation number

c/o Healthcare Professional indicated on the top section above

Address

City Province Postal Code

Delivery Name of Contact Telephone eMail

CSL 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 the flu vaccines and transfer them immediately to the fridge.
Please allow at least 48 to 96 hours for delivery from the moment your shipment was confirmed.

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.

Mandatory signatures:

I authorize CSL 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) Authorized Healthcare Professional (Signature) Date

Company/Institution Authorized Signee (Print) Company/Institution Authorized Signee (Signature) Date

* All orders are subject to the Terms & Conditions <https://www.csllseqirus.ca/key-customer-information>
* Please return the completed account application form by email to: customerservice.ca@seqirus.com