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**2023 – NEW ACCOUNT APPLICATION FORM**

**SOLD-TO ACCOUNT INFORMATION**

Healthcare Professional (HCP) Name or  
Name of 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

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

**SHIP-TO CONTACT INFORMATION, IF DIFFERENT FROM INFORMATION ABOVE**

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

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.

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)

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.seqirus.ca/key-customer-information>

\* Please return the completed account application form by email to:

[customerservice.ca@seqirus.com](mailto:customerservice.ca@seqirus.com)