

Customer Relations Department
Tel: 1.844.392.8582
Fax: 514.221.4877
e Mail: customerservice.ca@seqirus.com

2023 – NEW ACCOUNT APPLICATION FORM

SOLD-TO ACCOUNT INFORMATION				
Healthcare Professional (HCP) Name or				
Name of Corporation owned by HCP		7		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,	HCP Professional Title	
		er or Registered Nurse (AP) in MB B, QC, NB and SK are not eligible)		
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BILL-10 and PA	THEN CONTACT INFORMA	THON, II DIFFERENT FRO	MINIONWATION	VABOVE
Company/Institution Name		Pr	ovincial Business Number	or Incorporation number
c/o Healthcare Professional indicated on the sect	tion above	_		
Address				
City	Province		Postal Code	
Name of Contact Account Payable	Telephone		eMail	
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Company/Institution Name	CONTACT INFORMATION	Pr		
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Company/Institution Name c/o Healthcare Professional indicated on the top		Pr	ovincial Business Number	
Company/Institution Name c/o Healthcare Professional indicated on the top		Pr	ovincial Business Number	
Company/Institution Name c/o Healthcare Professional indicated on the top Address	section above	Pr	ovincial Business Number (corporation number	
Company/Institution Name c/o Healthcare Professional indicated on the top Address City	section above Province	Pr	ovincial Business Number (corporation number	
Company/Institution Name c/o Healthcare Professional indicated on the top Address	section above	Pr	ovincial Business Number (corporation number	
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Company/Institution Name c/o Healthcare Professional indicated on the top Address City Delivery Name of Contact	section above Province	Pr	ovincial Business Number of corporation number Postal Code eMail	or
Company/Institution Name c/o Healthcare Professional indicated on the top Address City Delivery Name of Contact	Province Telephone	Pr	ovincial Business Number of corporation number Postal Code eMail	or
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^{*} Please return the completed account application form by email to: customerservice.ca@seqirus.com