

## CUSTOMER CREDIT APPLICATION

### COMPANY INFORMATION

Company name:

Phone:

Fax:

Website:

Billing address:

Shipping address:

### ACCOUNTS PAYABLE INFORMATION

Contact name:

Email:

Phone:

Fax:

EIN or GST/HST:

Canadian customers: Are you claiming GST/HST exemption?  Yes  No If Yes, please provide a tax exemption certificate.

### BANKING INFORMATION

Bank name:

Bank contact:

Address:

Phone:

Fax:

Account number:

Transit number:

Swift/bank identifier code:

Currency:  USD  CAD

### CREDIT REFERENCES

#### Reference 1

Company:

Contact name:

Phone:

Fax:

Email:

#### Reference 2

Company:

Contact name:

Phone:

Fax:

Email:

#### Reference 3

Company:

Contact name:

Phone:

Fax:

Email:

### AGREEMENT

- I am an authorized signer for this company.
- I grant permission to Precision BioLogic to acquire credit information from the above sources to open and maintain my account.

Signature:

Print name:

Title:

Date:

Rev. Aug 2020

**Please send completed form to:**

Precision BioLogic, Attention Customer Care  
 Fax: 800.267.0796 / 902.468.6421  
 Email: [customercare@precisionbiologic.com](mailto:customercare@precisionbiologic.com)

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