

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/American customers: Are you claiming a tax exemption? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> USD <input type="checkbox"/> 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			
1. I am an authorized signer for this company.			
2. 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. Jan 2025

Please send completed form to:
Precision BioLogic, Attention Customer Care
Fax: 800.267.0796 / 902.468.6421
Email: customercare@precisionbiologic.com

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