

Please complete form in full and fax to **(905) 521-1210**

Legal Company Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / Prov \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Mailing Address (if different from above)**

Street Address \_\_\_\_\_  
 City / Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

**Accounts Payable**

Contact Name \_\_\_\_\_ Phone / Ext \_\_\_\_\_  
 Credit Card: Amex / Visa / MC \_\_\_\_\_ Expiry Date \_\_\_\_\_  
 (Please circle type of card)

Desired Payment Date **1st of month** \_\_\_\_\_ **15th of month** \_\_\_\_\_ **Weekly** \_\_\_\_\_  
 (If credit card payment chosen)

Email Address: \_\_\_\_\_

**TRADE REFERENCES (INDUSTRY RELATED)**

<b>NAME</b>	<b>ADDRESS</b>	<b>TELEPHONE #</b>	<b>FAX #</b>
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

Ownership Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_  
 Year Established \_\_\_\_\_

**BANK REFERENCE**

Bank: \_\_\_\_\_ Account # \_\_\_\_\_  
 Branch Address \_\_\_\_\_ Phone # \_\_\_\_\_

I (we) authorize Ontario Orthotic Lab to invoice for payment in accordance with Ontario Orthotic Lab's terms and policies. The applicant authorizes Ontario Orthotic Lab Inc. or their financial agents to make the usual credit inquires to the above reference for the purposes of determining credit worthiness.

\_\_\_\_\_  
 Name Title  
 \_\_\_\_\_  
 Signature Date

OOLab Sales Rep: \_\_\_\_\_