ottobock.

Credit Application Form

Please complete the form below and fax back to Accounts receivable at: 289 288 4836. We will respond via Fax/Mail within one business day whenever possible. If you have any questions, please call us at: 800 665 3327			
BILLING ADDRESS			
Business Name:			
Mailing Address:			City:
Province:	Postal Code:		Phone:
E-mail Address:			Fax:
SHIPPING/RECEIVING ADDRESS			
Business Name:			
Address:			City:
Province:	Postal Code:		Phone:
Contact:			Fax:
TYPE OF BUSINESS ENTITY			
Proprietorship	Partnership	Corporation	Other
Licensed Physical/Occupational Therapist ?		License No.	Province:
TYPE OF BUSINESS			
P & O	DME		Contractor
School	Medical		Other:
IF P&O SELECTED ABOVE, COMPLETE THE FOLLOWING:			
Name & License of CBCPO Practitioner:			
Myo. Qualified	C-Leg Qualified		Harmony Qualified
Key Area(s) of Interest: **Prosthetics** **Orthotics** **Mobility** **Seating** **Bracing**			
OWNERSHIP			
Names:			
Social Insurance No. (If other than Corporation):			
Number of years in Business:			
ACCOUNTS PAYABLE			
Contact Person:			
Title:		Phone:	
BANK INFORMATION			
Name of Financial Institution:			
Address:			Account No.
Contact :		Phone:	
CREDIT REFFERENCES			
Name:		Name:	
Address:		Address:	
City, Province :		City, Province:	
P. Code:	Acct. #	P.Code:	Acct. #
Phone:	Fax:	Phone:	Fax:
YOUR SIGNATURE:			

Customer Service: Toll Free Phone 800 665 3327
Toll Free Fax 800 463 3659
www.ottobock.ca - info@ottobockcanada.com