



370, 10th South ave, Sherbrooke
(Quebec), Canada, J1G 2R7
Phone : 800 668-2252
Fax : (819) 565-3337
info@physipro.com

CREDIT APPLICATION

PLEASE COMPLETE ALL SECTIONS TO PREVENT DELAYS IN PROCESSING

Applicant Information			
Legal Name of Business			
Doing Business As (if different than Legal Name of Business)			
Type of Entity			Year Established
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Government/Statutory Authority <input type="checkbox"/>			
Other : _____			
Contact Information			
Purchasing Contact Name		Purchasing Email Address	
Purchasing Phone Number		Email address to receive invoices (if different than purchasing)	
Accounts Payable Contact Name		Accounts Payable Contact Email Address	
Billing Information			
Billing Address			
Billing City		Billing Phone Number	
Billing State / Province	Billing Postal Code	Billing Fax Number	
Shipping Information			
Shipping Address (if different than billing)			
Shipping City		Shipping Phone Number	
Shipping State / Province	Shipping Postal Code	Shipping Fax Number	
Partners, Owners, Principals			
Name	Title	Residential Address	Date of Birth (dd/mm/yy)
			/ /
Name	Title	Residential Address	Date of Birth (dd/mm/yy)
			/ /
Name	Title	Residential Address	Date of Birth (dd/mm/yy)
			/ /



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Bank References			
Bank Name		Bank Account Number	Type Of Bank Account
Bank Address			
Bank City		Bank Phone Number	
Bank State / Province	Bank Postal Code	Bank Fax Number	
Bank Officer		Bank Officer Email Address	
References			
Reference 1 Name		Reference 1 Address	
Reference 1 Phone Number		Reference 1 City	
Reference 1 Fax Number	Reference 1 State / Province	Reference 1 Postal Code	
Reference 2 Name		Reference 2 Address	
Reference 2 Phone Number		Reference 2 City	
Reference 2 Fax Number	Reference 2 State / Province	Reference 2 Postal Code	
Reference 3 Name		Reference 3 Address	
Reference 3 Phone Number		Reference 3 City	
Reference 3 Fax Number	Reference 3 State / Province	Reference 3 Postal Code	



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TERMS AND CONDITIONS

PAYMENT INFORMATION

Terms: Net 30 days.

Direct Deposit: Very safe and fast. You must pay the bank transfer fees.

Cheques: Payments by cheque must be approved in advance.

Credit Cards: We accept Visa and Mastercard. Please include your credit card number, cardholder name and expiration date when placing your order by fax, e-mail or mail. A 2% fee will be added to your invoice amount at time of payment.

RETURNING PRODUCTS

If for any reason you need to return an item, our customer service department is happy to assist you. If a user passes away, only standard products (not custom) can be reimbursed.

All returns require pre-authorization from Physipro. You must pay shipping and handling charges.

Items with an expiration date

No returns will be accepted past the expiration date of a product if the time span between the delivery and the request for return exceeds 30 days or the period is deemed sufficient to have used the product.

Items with non-standard measurements

Physipro reserves the right to charge the maximum fee, regardless of the time span between the original delivery date and the request for return.

Personalized items

No returns will be authorized except for billable modifications.

Any request to return an already used item will be denied.

SHIPPING INFORMATION

All our products are shipped from our corporate office in Quebec, Canada. We are happy to deliver your order to your business or to your warehouse.

Regardless of the product purchased, if the total of a shipment is less than \$ 400, you must pay the transport cost. Unless otherwise specified, we will ship with our carrier and include the shipping cost on your invoice. If you want to use the carrier of your choice you must provide contact information and your account number so that your carrier can invoice you directly.

For sample products, Physipro cover one-way shipping only. If following the trial you do not want to keep the merchandise, you must pay for the return.

RESTOCKING FEE

The return of merchandise for credit will be accompanied by a restocking fee. This fee is based on a percentage of the sale price of the items returned, with a minimum of \$25, to cover the expenses of processing the initial order and the return.

If 15% of your order does not cover the minimum restocking fee, the fee will be retained from your credit

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. I certify that the above information is accurate and accept the terms and conditions as stated.

Authorized by:

Title:

Signature:

Date: