

PHARMACY CREDIT APPLICATION FORM



Pharmacy Licence #: _____ Registered GST/HST #: _____

Registered Name of Company: _____

Operating Name of Pharmacy: _____

Pharmacy Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____ Years In Business: _____

Company Principal: _____ Title: _____

Authorized Signature: _____

Company Principal: _____ Title: _____

Authorized Signature: _____

CREDIT DETAILS

Estimated Amount of credit per month \$ _____

Person to contact regarding payment of the account: _____

Title: _____ Email Address: _____

Phone Number: _____ Fax: _____

VISA/MasterCard Number: _____ Expiry date: _____

Cardholder Name: _____

*All accounts are strictly 30 days from date of invoice. In the event of non-payment, the above Credit Card will be charged.
Interest of 2% per month will be charged on all overdue accounts.

TRADE REFERENCES *NOTE: Amerisource, McKesson and Banking Institutions do not give trade references.*

1. Company Name: _____ Contact: _____

Address: _____

Telephone Number: _____ Fax Number: _____

2. Company Name: _____ Contact: _____

Address: _____

Telephone Number: _____ Fax Number: _____

3. Company Name: _____ Contact: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Please list three trade references with which you have a credit account. By listing a reference, you authorize PCCA Corp. to contact them to discuss your trading history and to verify details.



CUSTOMER CREDIT CARD AUTHORIZATION FORM

This information is confidential. This form will be kept by the PCCA finance Department.
Please complete and fax to **800.799.4537** or email: **lisak@pccarx.ca**

Company Name: _____

Phone Number: _____

Name as it appears on the Credit Card: _____

Card Type: VISA MasterCard

VISA/MasterCard Number: _____

Expiry date (month/year): _____ 3-Digit CV Code: _____

Authorized Signature: _____

Date: _____

I authorize the purchase of services/merchandise from PCCA Corp. using this Credit Card Authorization form. I agree that I will pay for this purchase(s) and indemnify and hold PCCA Corp. harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on the credit card charge slip.

INTERNAL USE ONLY

Customer Account Number: _____

Customer Sales Representative: _____

Comments: _____
