Achieve Medical
CANADA, Inc.

770 Lawrence Ave. W., Toronto, ON M6A 3C6
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CREDIT APPLICATION AND PAYMENT AGREEMENT

IDENTIFICATION

Company Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone Number: ( ) _____ Fax No.: ( ) _____

Type of Business: _____ Date Established: _____

Affiliated Companies if any: _____

Names of owners, partners, or officers: _____

_____

Any Bankruptcies _____ Judgements _____ Assignments (rec./inv.) _____

Person to contact regarding: Sales _____ Credit _____

P.S.T. License* _____ G.S.T. License* _____

(Please supply certificate of exemption if applicable)

CREDIT INFORMATION: Estimated annual Purchases from us: $ _____

Credit Requested: $ _____

BANK INFORMATION:

Name: _____ Account No.: _____

Branch _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Manager: _____ Telephone No.: ( ) _____

TRADE REFERENCES:

	1	2	3
Name:			
Address:			
Phone:			
Contact:			

In consideration of Achieve Medical Canada Inc. dealing with the Purchaser, the Guarantor, as principal debtor and not as surety, covenants with Achieve Medical Canada Inc. that it is jointly and severally bound with the Purchaser for the payment of all sums and performance of all obligations due from the Purchaser to Achieve Medical Canada Inc., and guarantees payment of all such sums and performance of all such obligations. The liability of the Guarantor to Achieve Medical Canada Inc. shall continue notwithstanding: (i) bankruptcy or insolvency of the Purchaser; (ii) neglect delay or forbearance of Achieve Medical Inc. in endeavouring to obtain payment or performance from the Purchaser; or (iii) any extension or extensions of time granted by Achieve Medical Canada Inc. to the Purchaser for the payment of sums or performance of obligations.

Print Name: _____

Signature: _____ Title _____ Date: _____

OFFICE USE ONLY:

Salesman: _____ Single Order Credit Limit: $ _____

Date: _____ Approved By: _____