



# ACCOUNT APPLICATION AND CREDIT AGREEMENT

## ACCOUNT APPLICATION

ACCOUNT INFORMATION	
NAME OF ACCOUNT	REGISTERED BUSINESS NAME
BILLING ADDRESS	SHIPPING ADDRESS
PHONE NUMBER (    )	FAX (    )
EMAIL ADDRESS(ES)	
BANK INFORMATION	
BANK NAME	ADDRESS
BRANCH	ACCOUNT NUMBER
CONTACT	PHONE NUMBER (    )
TRADE REFERENCES	
COMPANY NAME	ADDRESS
CONTACT	PHONE NUMBER (    )
COMPANY NAME	ADDRESS
CONTACT	PHONE NUMBER (    )

# ACCOUNT APPLICATION AND CREDIT AGREEMENT

## CREDIT AGREEMENT

### TERMS AND UNDERTAKINGS

We \_\_\_\_\_ Ltd. ("Applicant") and \_\_\_\_\_ ("Covenantor") hereby apply for credit at Protec Dental Laboratories Ltd. ("Protec"). It is understood and agreed that the following terms apply to any credit extended by Protec:

- Payment terms are net 30 days from statement date. We will owe interest on any balances that are unpaid more than 30 days from the date(s) that statement is issued, at a rate of 2% per month (26.8% per annum) until they are paid;
- We authorize Protec to inquire into our credit rating and history both now and during the term of this credit agreement;
- The Applicant and Covenantor promise to pay and agree to be jointly and severally liable for the amounts that become due and owing under this credit agreement, and acknowledge that the personal liability of the Covenantor is relied on by Protec in entering into this credit agreement;
- The Applicant shall not undertake a corporate reorganization, or change in control, or enter into any other transaction whereby the ownership would change from that in effect at the date of this credit agreement, without notifying Protec and first settling existing account;
- We have had the opportunity to obtain independent legal advice on this credit agreement.

DATE

NAME OF ACCOUNT

PER:

AUTHORIZED SIGNATORY

COVENANTOR NAME

\*PLEASE FAX OR EMAIL THIS AGREEMENT TO:



34 East 2nd Avenue  
Vancouver, BC  
Canada, V5T 1B1  
Tel: 604.873.8000  
Toll Free: 800.663.5488  
Fax: 604.873.8527

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