

1. Tell Us About Your Company

Type: ☐ Partnership ☐ Corporation ☐ Proprietorship ☐ Government

Trade/Business Name _____

DBA _____

Address 1 _____

Address 2 _____

City _____ Prov. _____ Postal _____

Phone _____ Fax _____

Mobile _____

Email _____

Years at above address _____

Billing Address (if different from above):

Address 1 _____

Address 2 _____

City _____ Prov. _____ Postal _____

Business License _____ Year Established _____

Registered Prov. _____

PLEASE NOTE: Provincial Registration Certificate must accompany this Credit Application.

Have you purchased from us before? ☐ Yes ☐ No

Estimated Amount of Monthly Purchases _____

Prov. Tax I.D.# _____ If exempt, attach certificate

Do You Issue a Purchase Order? ☐ Yes ☐ No

Preferred Billing Method: ☐ Canada Post ☐ Fax ☐ Email

Accounts Payable Contact:

Name _____

Phone _____

Email _____

What services does your company provide?

☐ Wound Care ☐ Occupational Therapy ☐ Orthotics ☐ Pediatrics ☐ Pedorthics

☐ Physical Therapy ☐ Prosthetics ☐ Home Health Care Supplier

☐ Other _____

Will you also need a web account? ☐ Yes Account Email: _____ ☐ No

Nº of employees _____

What Purchasing Methods do you use? (Please check all that apply)

☐ Buying Groups ☐ Distributors ☐ Direct from Manufacturer

☐ GHX ☐ InterTrade ☐ Other _____

Which Practice Management Software do you use?

☐ OPIE (Full Suite) ☐ OPIE (P&I Only) ☐ Other _____ ☐ None

Licensed Practitioners/Owners/Officers Information

Name _____

Title _____

Address _____

City _____ Prov. _____ Postal _____

DOB _____ Country _____

Name _____

Title _____

Address _____

City _____ Prov. _____ Postal _____

DOB _____ Country _____

Name _____

Title _____

Address _____

City _____ Prov. _____ Postal _____

DOB _____ Country _____

Credit Card Authorization

☐ Visa ☐ Mastercard

Name on Card _____

Card Nº _____ Exp. Date _____

MONTH YEAR

Bank Information

Name of Bank _____

Address _____

City _____ Prov. _____ Postal _____

Phone _____

Contact _____

Trade/Commercial References

Name _____

Address _____

City _____ Prov. _____ Postal _____

Phone _____ Fax _____

Name _____

Address _____

City _____ Prov. _____ Postal _____

Phone _____ Fax _____

Authorized Purchasers

Name	_____
Title	_____
Name	_____
Title	_____
Name	_____
Title	_____
Name	_____
Title	_____
Name	_____
Title	_____

Ship-To Information

Business Name	_____		
Address 1	_____		
Address 2	_____		
City	_____	Prov.	_____
Postal	_____		
Phone	_____		

Business Name	_____		
Address 1	_____		
Address 2	_____		
City	_____	Prov.	_____
Postal	_____		
Phone	_____		

Business Name	_____		
Address 1	_____		
Address 2	_____		
City	_____	Prov.	_____
Postal	_____		
Phone	_____		

Business Name	_____		
Address 1	_____		
Address 2	_____		
City	_____	Prov.	_____
Postal	_____		
Phone	_____		

Business Name	_____		
Address 1	_____		
Address 2	_____		
City	_____	Prov.	_____
Postal	_____		
Phone	_____		

Agreement

The Applicant(s) authorizes all persons, institutions, organizations, companies, and credit reporting agencies to furnish all pertinent information, including commercial and consumer credit reports, requested by OrtoPed ULC (hereinafter referred to as OP). The undersigned and Buyer, if different, each warrant that the information given is true and no unfavourable information has been omitted. They irrevocably authorize their banks, trade references and financial institutions to release information via telephone, fax, or in writing and to accept a photocopy or fax of this authorization. THE APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY THEIR INVOICES IN ACCORDANCE WITH THE TERMS STIPULATED IN THE TERMS OF SALE AND POLICIES SUPPLIED IN THIS AGREEMENT.

2. Sign Here *(acknowledges and agrees to be bound by attached terms and conditions)*

Signature	_____	Date	_____
Name	_____		
	FIRST	LAST	
Title	_____		

ORTOPED ULC USE ONLY

Account Mgr.:

Credit Approval: Amount \$

Authorized by:

Date:

ORTOPED ULC TERMS OF SALE & POLICIES

As a condition to the election of OrtoPed ULC, an unlimited limited company with its principal offices located at 373 rue McCaffrey, Saint-Laurent, Quebec, ("OP") to extend credit to Buyer, Buyer has executed OP's Credit Application. All purchases by Buyer from OP are made pursuant to OP's Credit Application, this Credit Agreement, and OP's Terms of Sale & Policies. The terms and conditions of each referenced document are incorporated by reference herein. The Credit Application, Credit Agreement, and Terms of Sale & Policies together constitute the entire agreement between OP and Buyer and shall be collectively referred to from time to time as the Agreement.

A. How to Order

- Orders can be placed by telephone, fax, e-mail, OP web site, purchasing softwares (GHX, InterTrade, etc.), or practice management software (OPIE).
- Please use item numbers or item descriptions on all orders to ensure accuracy.
- Due to the nature of items requiring a selection of colour(s), it is highly encouraged to make selections based on the available swatch set from the manufacturer. Colours presented electronically or in printed materials are representational only, and therefore cannot guarantee accuracy.
- Include desired method of shipment on all orders, as well as the required delivery date.

B. New Accounts

- Initial orders will be invoiced by credit card until credit terms have been established.
- Customer credit accounts will be processed upon receipt and approval of completed credit application. Please note that it will take approximately seven (7) business days to process your application.

C. Payment Terms

- Net thirty (30) days from date of invoice.
- Visa and MasterCard payments accepted and will be charged on the date of shipment.

D. Prices

- All prices are quoted in Canadian dollars, F.O.B. Montreal, Quebec, Canada.
- Prices are subject to change without notice.
- Prices do not include any applicable sales taxes or duties.
- Shipments will be sent prepaid and freight charges will be added to the invoice.
- Standard freight charges do not include insurance.

D. Service Charges

- All past due amounts are subject to a 1.5% per month service charge, with an effective annual rate of 18%.

E. Shipping

- OP offers free standard ground shipping when a qualifying order over \$500 is placed before tax and shipping, excluding applicable postal codes that incur a "Delivery Area Surcharge" from carriers (ie. Out-of-Zone areas).
 - Free ground shipping offer is valid on any order which does not include orders of foam impression boxes, large or heavy items weighing more than 70lbs (31.75kg) or exceeding 48 inches (122cm) in length or 130 inches (330cm) in girth.
- Shipping charges will not be refunded on returns.
- We reserve the right to amend our free shipping policy and shipping rates at any time, without notice.

F. Returned Goods Policy

1. All returns must be authorized by the Ortoped Customer Sales Representative (CSR).
2. Each request must include the following:
 - Customer name and address
 - Invoice number
 - Invoice date
 - Customer PO number
 - Quantity, item number and description of item
 - Reason for return
3. The return shipment must be coordinated with the CSR, who will advise of the proper mode of transportation and product return location. A return authorization number will be issued and must be clearly referenced with your return. Goods must be returned within the set days established by OrtoPed's return policy. Upon satisfactory inspection of goods, a credit will be issued. Items without a return authorization (RA), will be refused and returned to the customer at their expense.
4. Goods ordered in error are to be returned Prepaid and are subject to a restocking charge.
5. Returns are not authorized for the following:
 - Any items not purchased from OrtoPed
 - Custom Orders
 - Most Microprocessor products (ie: batteries, Covvi Nexus hand, etc)
 - Regular & special size prosthetic Socks
 - Equipment
 - Raw materials
 - Expired or short dated products
 - Merchandise past 60 days
 - Products not in original packaging
 - Products not returnable as per our manufacturer's policies and procedures

G. Warranty Policy

- Warranties vary by product and manufacturer. OrtoPed will assist in the coordination of warranty repairs with the manufacture and in some cases replace merchandise as required on behalf of the manufacturer. Please call (CSR) for Return Authorization (RA) prior to shipping items for warranty or repair.
- Warranty and defective items that are shipped to OrtoPed should have a note explaining why the product is defective along with the RA#.