

COMPANY INFORMATION

COMPANY NAME: _____

DBA (IF ANY): _____

() CORPORATION () PROPRIETORSHIP

CONTACT: _____

ADMIN EMAIL: _____

SALES EMAIL: _____

BILL TO ADDRESS: _____

CITY / PROVINCE: _____

POSTAL CODE: _____

PHONE: _____

FAX: _____

SHIP TO ADDRESS: _____

CITY / PROVINCE: _____

POSTAL CODE: _____

PHONE: _____

FAX: _____

OF LOCATIONS: _____ (LIST ANY ADDITIONAL ADDRESSES BELOW)

MORE THAN 3 LOCATIONS, PROVIDE SEPARATE LISTING

IN BUSINESS: _____ (YRS) AT PRESENT LOCATION: _____ (YRS)

LOCATION IS: () OWNED () RENTED () KIOSK

LENGTH OF LEASE: _____ (YRS) LEASE EXPIRY: _____

LANDLORD NAME: _____ PHONE: _____

PROPRIETORS, PARTNERS AND OFFICERS

NAME 1: _____

POSITION: _____

ADDRESS/PHONE: _____

NAME 2: _____

POSITION: _____

ADDRESS/PHONE: _____

POINTS OF SALE

Customer is only authorized to sell Bioworld Canada Inc products from the ship to address above.

Any additional locations require the prior written approval of Bioworld Canada Inc..

All online sales through websites or 3rd party marketplaces (Amazon, Bestbuy and Walmart etc) require prior written approval from Bioworld Canada Inc.

SALES REP: _____

TERMS AND CONDITIONS

THE ABOVE INFORMATION IS SUPPLIED FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I UNDERSTAND AND CONSENT TO BIOWORLD CANADA INC. OBTAINING A CONSUMER REPORT CONTAINING INFORMATION RELATING TO THIS APPLICATION. I FURTHER AGREE THAT SHOULD MY ACCOUNT FALL INTO ARREARS, BIOWORLD CANADA IS ENTITLED TO WITHDRAW CREDIT PRIVILEGES AT ITS OWN DISCRETION. NSF CHEQUES ARE SUBJECT TO A MINIMUM SERVICE CHARGE OF \$25 PER OCCURANCE. THE APPLICANT HEREBY ACKNOWLEDGES RECEIVING A COPY OF THE CREDIT APPLICATION. COMPLETION OF THIS APPLICATION SHALL CONSTITUTE APPROVAL FOR THE RELEASE OF INFORMATION AS PROVIDED FOR BY APPLICABLE PRIVACY LEGISLATION. ALL PAYMENTS ARE DUE ON THE DATE SET OUT ON THE INVOICE. INTEREST SHALL ACCRUE AT 2% PER MONTH (24% PER ANNUM). IN THE EVENT THAT ANY COLLECTION PROCEEDINGS ARE REQUIRED FOR OUTSTANDING INVOICES, ALL COLLECTION COSTS SHALL BE THE RESPONSIBILITY OF THE CUSTOMER. ALL GOODS SHALL REMAIN THE PROPERTY OF BIOWORLD CANADA UNTIL PAID FOR IN FULL. ALL SHIPMENTS WILL BE SENT COD, FREIGHT COLLECT UNLESS OTHERWISE APPROVED BY BIOWORLD CANADA. I UNDERSTAND AND AGREE THAT ALL RETURNS ARE SUBJECT TO A 25% RESTOCKING CHARGE AND MUST ACCOMPANY AN APPROVED RETURN AUTHORIZATION NUMBER (RA#) SUPPLIED BY BIOWORLD CANADA.

FOR CORPORATE ACCOUNTS, AND FOR GOOD AND VALUABLE CONSIDERATION ACKNOWLEDGED TO HAVE BEEN RECEIVED BY HIM OR HER, THE UNDERSIGNED HEREBY GUARANTEES THE OBLIGATIONS OF THE CUSTOMER WITH RESPECT TO PAYMENT OF ALL INVOICES AND BALANCES DUE TO BIOWORLD CANADA, FROM TIME TO TIME, INCLUDING ALL INTEREST AND COSTS WHICH MAY BE CHARGEABLE ON THE ACCOUNT.

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

MUST BE SIGNED BY PRINCIPAL OWNER

TYPE OF CREDIT REQUESTED

() CREDIT CARD

(IF PAYING BY CREDIT CARD, COMPLETE THE BELOW)

() VISA () MASTERCARD

CREDIT CARD #: _____

EXPIRY DATE: _____

CARDHOLDER: _____

CARDHOLDER HEREBY ACKNOWLEDGES AND AUTHORIZES CHARGES ON THE ABOVE CREDIT CARD IN EXCHANGE FOR THE GOODS AND/OR SERVICES PROVIDED BY BIOWORLD CANADA INC. AND AGREE TO PERFORM THE OBLIGATIONS SET FORTH IN THE CARDHOLDER'S AGREEMENT WITH THE ISSUER.

SIGNATURE: _____

DATE: _____

() OPEN TERMS (OAC) REQUESTED LIMIT: _____

TRADE REFERENCES

REFERENCE 1: _____

PHONE: _____

FAX: _____

EMAIL: _____

REFERENCE 2: _____

PHONE: _____

FAX: _____

EMAIL: _____

REFERENCE 3: _____

PHONE: _____

EMAIL: _____

FAX: _____

BANK INFORMATION

BANK NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

ACCT NUMBER: _____