

ACCOUNT APPLICATION



Dan Kovacic R.T.O. (c)

Kovacic Orthopedic Tool & Supply Corp.

3910 Acorn Cres., Windsor, ON, N8W 5R4, Canada

Phone: 1-800-665-1176

Fax: (1)-519-997-6894

Email: info@kovacicorthopedic.com

Legal Name of Firm: _____

Name of Parent Co. or Subsidiary: _____

Street Address : _____ City : _____ Province : _____ Postal Code : _____

Phone : _____ Fax : _____ Email: _____

Years in Business : _____ No. of Employees : _____ Tax ID # : _____ Tax Exemption # : _____

Ownership Type : 1.) Corp _____ 2.) Ltd. _____ 3.) Partnership _____ 4.) Government _____ 5.) Other: _____

Estimated Credit Required : \$ _____

Payment Terms : Net 30 Days (interest of 1.5% monthly 18% Annually)

Billing Address : _____ (Same as Above)

Street : _____ City : _____ Province : _____ Postal Code : _____

Shipping Address : _____ (Same as Billing)

Street : _____ City : _____ Province : _____ Postal Code : _____

Officer Information:

Name : _____ Title : _____

Street Address : _____ City : _____ Province : _____ Postal Code : _____

Phone : _____ Fax: _____

Names of Authorized Purchasing Agents:

1. _____ / _____ 2. _____ / _____

3. _____ / _____ 4. _____ / _____

Please Print

Please Sign

Please Print

Please Sign

Officer : _____ **Title :** _____ **Date :** _____

The undersigned gives purchasing authority to the agents listed above.

(month / day / year)

References : (minimum 6 month history)

Co. Name : _____ **Contact :** _____ **Phone :** _____

Co. Name : _____ **Contact :** _____ **Phone :** _____

Co. Name : _____ **Contact :** _____ **Phone :** _____

Bank Name : _____ **Contact :** _____ **Phone :** _____

Street Address : _____ **City :** _____ **Province:** _____ **Postal Code :** _____

Account # _____

Applicants Signature / Title : _____ / _____ **Print Name :** _____

Date : _____

(month / day / year)

The Contact Above Gives Authorization for Kovacic Orthopedic Tool & Supply Corp. To Contact All

References Listed Above In Regards Of A Credit Account Approval

TERMS & CONDITIONS

The Buyer Agrees with seller Kovacic Orthopedic Tool & Supply Corp. to pay for purchase(s) within 30 days of invoice date, otherwise a 1.5% interest will accumulate monthly to a yearly maximum of 18%. Unpaid purchases after 30 days may require pre-payment of future orders.

Applicable Sales Tax applies to the Purchaser(s) of their Residing Province unless provided with a Tax Exemption Certificate and all funds are in Canadian dollars.

Warranty Disclaimer

Kovacic Orthopedic Tool & Supply Corp. warrants its products to the original purchaser(s) thereof to be free of defects in materials and workmanship for a period of 1 to 10 years depending on the product purchased, Not including Direct or Indirect Damage caused by Accident, Abuse, Alteration, Misuse, Repair, Neglect, Normal Wear, or Lack of Maintenance.

Liability Disclaimer

In No event under any circumstance will Kovacic Orthopedic Tool & Supply Corp., Nor its Service Providers, and any other Party involved in the Creation and Supply of Any Product(s) be held liable to any Party for any Damages of any kind; Direct, Indirect, Incidental, Special, Punitive, or Consequential Damages, Business Interruptions, or Revenue Due to Use and Non Use of any Product(s)

Certain Aspects of the Disclaimers above May or May Not Apply to you, and You May have Other Rights.

Returns

For Returns please Contact us at info@Kovacicorthopedic.com or Call 1-800-665-1176 Providing **Proof of Purchase and Reason for Return**. Once approved a R.A. # will be issued to Confirm Return and Sender will be Responsible for Shipping, unless it is our error. i.e. (wrong shipment, manufacturing defect, under warranty)

Returns & Payments To: Kovacic Orthopedic, 3910 Acorn Cres., Windsor ON, N8W 5R4

Changes

The Information contained Above may Change from time to time, If you have any Questions Please Contact us at: **Email :** info@kovacicorthopedic.com **Toll Free:** 1-800-665-1176

The Applicant has read understands and agrees All Information is True & Correct, and will Notify us in writing within 21 Days of any Change.

Name : _____ **Title :** _____ **Signature :** _____

Date : _____

(month / day / year)