ABBOTT LABORATORIES, LIMITED CREDIT APPLICATION AGREEMENT

|  |
| --- |
| BUSINESS |
|  |  |  | Billing Address |  | Shipping Address |  |  |
|  |  | Name (“Client”) |  |  |  |  |  |
|  |  | Address |  |  |  |  |  |
|  |  | City |  |  |  |  |  |
|  |  | Postal Code |  |  |  |  |  |
|  |  |  |  Tel: Fax: |  | Tel.: Fax: |  |  |
|  |  | Purchase order required | □ Yes □ No  |  Invoices mailed to: □ Bill-to □ Ship-to |  |  Price on pick list: □ Yes □ No  |  |  |
|  |  | Type of Business |  In operation since: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |
|  |  |  □ Wholesaler □ Distributor □ Retail □ Industrial  |  | □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  | Have you been visited by a Sales Representative? (Please indicate a name) |  |  |  |  |
|  |  | What channels do you service? |  |  |  |  |
|  |  | In what forms do you receive orders from customers? |  | What regions do you service? |  |  |
|  |  | Which products are you interested in sourcing from Abbott? |  |  |  |  |
|  |  | What are the volumes you expect to require over the next 6 to 12 months? |  |  |  |  |
|  |  | How many pharmacists work on your staff? |  | Will you be sourcing □ controlled or □ narcotic products? |  |  |
|  |  | Do you intend to ship directly or indirectly any products purchased to destinations outside of Canada? |  |  |  |  |
|  |  |  **Legal Entity**  □ Corporation □ Registered  |  | □ Partnership □ Other  |  |  |
|  |  | Name of Owner |  | Tel.: |  |  |
|  |  | Name of Principal/Officer |  | Title |  |  |

|  |
| --- |
| GENERAL INFORMATION |
|  |  | BANK | *Institution:* |  |  |
|  |  | *Address:* |  |  | *Tel.:* |  |  |
|  |  | *Transit #:* |  |  | *Account #:* |  |  |
|  |  |   |  |  |
|  |  | SUPPLIERS | *Name, telephone, terms and account numbers of your suppliers* |  |  |
|  |  | 1)  | Tel.:  | Terms: | *Account #:* |  |  |
|  |  | 2) | Tel.: | Terms: | *Account #:* |  |  |
|  |  | 3) | Tel.: | Terms: | *Account #:* |  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CONTACT** | *Name:* | *Title:* | *Tel.:* | *Fax:* |

 |  |  |

I agree that Abbott may obtain personal information or credit information regarding CLIENT’s principals for the purposes of administering the distribution of Abbott’s pharmaceutical products, as well as for the purpose of processing this credit application or for any extension or renewal of credit. Abbott may disclose this information to third party financial institutions or credit bureaus for the purpose of approving this application.

Unless otherwise advised, such personal information will only be used for the fulfillment of these purposes and will only be accessible to employees, agents and mandataries of Abbott, its affiliates, as well as of the third parties identified above, involved in administering CLIENT’s sales account or in approving the grant of credit to CLIENT.

All records containing personal information that identify CLIENT will be kept secure and in confidence by Abbott at 8401 TransCanada Highway, Ville Saint Laurent, Quebec, Canada H4S 1Z1. Except under those exceptions specified by applicable legislation, I understand that I may arrange a right of access to my personal information file and may rectify any inaccurate or incomplete information by contacting Abbott in writing at the address mentioned above.

I declare being duly authorized and/or having the authority to sign this document on behalf of the CLIENT. My signature attests CLIENT’S financial responsibility, and the ability and willingness to pay Abbott’s invoices in accordance with the terms stated on the relevant invoices.

CLIENT HEREBY AUTHORIZES SUCH COLLECTION, USE AND COMMUNICATION OF PERSONAL INFORMATION FOR THE PURPOSES INDICATED ABOVE.

Signature of Owner / Principal Title Date