



**Together  
Improving  
Care™**

**Ensemble  
au cœur  
des soins™**

**Medline Canada, Corporation**

5150 Spectrum Way, Suite 300, Mississauga, ON L4W 5G2

[medline.ca](http://medline.ca)

## NEW ACCOUNT APPLICATION

Please select one of the following options that best describes your affiliation with Medline

Public Sector (All Government Accounts)

Primary Care (Physicians/Dentists/Midwives/Registered Nursing Professionals)

Other (please specify)

If you are a seller of Prescription Drugs, please provide us with a copy of your Drug Establishment License (DEL) for Wholesale.

If you are a practitioner/pharmacist that can administer or dispense Prescription Drugs, please provide us a copy of your registration.

### Section 1 : Customer Information

Registered Company Name

Registration # (if applicable)

Type of Business

Date Business Established – MM/DD/YYYY

Physician or Owner/Operator

Practitioner Regulatory License Number\*

Medline Sales Representative

\*Physicians/Dentists/Midwives/Nurse Practitioners/Pharmacists/Chiropractists

GST #

PST/QST #

#### Billing Address

Number

Street

Unit

City

Province

Postal Code

Contact Person(s) (Mandatory Field)

Email Address (Mandatory Field)

Phone

Fax

#### Set Up for Web Orders (Not applicable to Acute, Retail and Personal Care)

Contact Person(s)

Email Address

#### Shipping Address (if different from current billing address)

Number

Street

Unit

City

Province

Postal Code

#### Shipping Address (only applicable if more than one shipping address)

Number

Street

Unit

City

Province

Postal Code

#### Amount of Credit Requested (Mandatory Field)

\$2,000

\$5,000

\$10,000

\$20,000

Other

Name of Authorized Signing Officer (Mandatory Field)

Signature (Mandatory Field)

Date (MM/DD/YYYY) (Mandatory Field)



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	Time Open	Time Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

### Section 2 : Trade References

Trade References: (Other companies you purchase from)

Company Name (Mandatory Field)	Phone (Mandatory Field)	Email (Mandatory Field)
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Company Name (Optional Field)	Phone	Email
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Your signature is required to approve the release of credit information to Medline Canada Corporation. We require information on payment trends and credit information for the sole purpose of establishing an account with Medline Canada Corporation.

I,	of,
Name of signatory	Company Name

give my consent to Medline Canada Corporation to pull and review the credit report.

Name of Authorized Signing Officer (Mandatory Field)

Signature (Mandatory Field)	Date (MM/DD/YYYY) (Mandatory Field)
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### Section 3 : Credit Card Authorization

You may alternatively choose to pay on an ongoing basis by credit card. If so, please complete the credit card approval below.

Visa    MasterCard

Our Accounting team will contact you for your credit card information.

Contact Name (Mandatory Field)	Phone (Mandatory Field)	Email Address (Mandatory Field)
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Signature (Mandatory Field)

Please contact the Finance department for any credit card changes or updates at **1 800 361-0655**, select **option 2** for Accounts Receivable or email us at [comptesrecevables@medline.com](mailto:comptesrecevables@medline.com)