



Anatech, Anatomical Technologies Inc.  
205 – 5920 No. 6 Road, Richmond BC V6V 1Z1  
Tel: (604) 273-2836 Fax: (604) 270-4512  
Toll Free # 1-800-667-3442 Fax: 1-800-663-5290

**CREDIT APPLICATION**  
(Please print)

**Company name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal code:** \_\_\_\_\_

**Shipping Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal code:** \_\_\_\_\_

**Business phone :**(\_\_\_\_) \_\_\_\_\_ **Fax::**(\_\_\_\_) \_\_\_\_\_ **PST#:** \_\_\_\_\_

**Email contact address:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Number of years in business:** \_\_\_\_\_ **Date of Incorporation:** \_\_\_\_\_

**Principals or Officers:**

**1.Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**2.Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Please provide three current trade references with fax numbers  
(please do not use: APOTEX, MERCK, McKESSEN or MEDIS as they do not respond)**

<u>Full company name</u>	<u>City</u>	<u>Fax number</u>	<u>Phone number</u>
1. _____	_____	(____) _____	(____) _____
2. _____	_____	(____) _____	(____) _____
3. _____	_____	(____) _____	(____) _____

**Bank:** \_\_\_\_\_ **Account number:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Phone number:**(\_\_\_\_) \_\_\_\_\_

In connection with my/our application for credit, I/we hereby consent that Anatech Inc., conduct and/or cause to be conducted a personal investigation, and if credit is approved this consent shall be deemed to be a continuing consent during the term of my/our dealing with the said Anatech Inc. I/we acknowledge that all orders are subject to the conditions of sale shown on the Anatech Inc. sales contract. I/we further agree to notify Anatech Inc. of any pertinent changes of ownership or the financial status of my/our company. I/we also acknowledge that all or any goods will remain on consignment and the property of Anatech Inc. until all such goods have been fully paid for. I personally guarantee payment to you of all monies due for goods and services provided by the applicant company.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date of application:** \_\_\_\_\_