



PURITY LIFE
PROFESSIONALS

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NEW CLIENT APPLICATION

Send Professional Catalogue

Legal Company Name: _____ Tel #: _____

Trade Name: _____ Years in Business _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Fax #: _____

Shipping Address if different: _____

Designation: DC ___ DH ___ DTCM ___ MD ___ ND ___ RN ___ Independent Pharmacist _____

Health Food Store Dispensary _____ Other-specify _____

Do you keep your own Dispensary? Yes ___ No ___ Do You Accept Backorders: _____

Licence Number _____ Attach photocopy of certification(s)

Are you member of? OAND ___ CAND ___ BCNA ___ CCA ___ OCA ___

Other/Specify _____ Email Address: _____

Main Purchasing Contact _____

PST Exemption Number (Ontario only) _____ GST# _____

OFFICERS / OWNERS

Name/Title	Home Address	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

TRADE REFERENCES

Name	Telephone	Fax
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

BANK Branch Address:

All new customer orders will be shipped C.O.D. or by credit card only until terms of 1%-10 days net 30 are granted (minimum of 3 orders). Please circle: Visa / MasterCard

Number: _____ Expiry Date: _____

Permanent credit card user YES / NO or Applying for terms YES / NO

I / We agree that usual credit inquiries may be made at any time in connection with the credit hereby applied for and consent to the disclosure of any such information to any person of any credit agency. I / We are proprietor, partner or officer of this firm.

Signature: _____ Date _____

(Ontario Residents please complete Ontario Sales Tax Purchase Exemption Certificate on reverse) RM

Ontario Sales Tax Purchase Exemption Certificate

IMPORTANT

This certificate is invalid unless fully completed and it expires at the end of three years from the date of issuance.

This certificate must be fully completed by the purchaser and sent to the supplier for each purchase of an item or items for which the purchaser claims an exemption.

If the purchaser is a vendor who in the future will be making additional purchases of the items listed below, the word "Blanket" should be inserted in front of the words "Purchase Exemption Certificate" at the top of this form and s/he will not be required to complete certificates for subsequent purchases.

The supplier must retain this certificate until a request in writing for its destruction is authorized by the Retail Sales Tax Branch.

Under the provisions of The Retail Sales Tax Act, I/We hereby claim exemption from tax on the purchase of the following items of tangible personal property:

Print or type

Name under which purchaser conducts business:

Print or type

Business Address:

Print or type

Permit Number (if applicable): _____

Name of Business: _____

Print or type

Signature of Purchaser of Authorized Official

Date of issue: _____ Date of Expiry _____

(not later than three years from date of issue)

Every person who makes a false statement herein or misuses this certificate is liable on summary conviction to a fine of not less than \$1000 and not more than \$10,000 plus an amount of not more than double the amount of the tax that should have been declared to be collectable or payable or that was sought to be evaded, or to imprisonment for a term of not more than two years, or both.