

Thank you for your interest in participating in the Vaccine Delivery Program through Critical Path Couriers. Please complete the Critical Path Courier application below and **fax to 905-565-9874**.

Critical Path Couriers will be in contact with you to complete your application for the program.



1257 Kamato Rd. Mississauga Ontario L4W 2M2, 905-212-8333

FOR OFFICE USE:

DATE:
INITIALS:
ACCOUNT #:
WAYBILLS:

APPLICATION FOR ACCOUNT

COMPANY NAME: _____

BILLING ADDRESS: _____ PC _____

CONTACT FOR ACCOUNTS PAYABLE: _____

EMAIL FOR ACCOUNTS PAYABLE: _____

PHONE # OR DIRECT LINE: _____ EXT. _____ FAX # _____

DELIVERY ADDRESS: _____

CONTACT PERSON FOR DELIVERIES: _____

EMAIL FOR DELIVERIES: _____

PHONE # OR DIRECT LINE: _____

PRACTICE/ FACILITY OPEN DATE: _____ OWNER'S NAME: _____

TYPE OF BUSINESS: _____ BUSINESS PHONE # _____

TERMS OF PAYMENT: PAYMENT DUE UPON RECEIPT. ACCOUNTS MAY BE PLACED ON CREDIT HOLD WITHIN 30 DAYS. A DEPOSIT MAY BE REQUIRED FOR NEW BUSINESS OR IF THE ACCOUNT IS NOT SETTLED PROMPTLY. INTEREST IS CHARGED ON ACCOUNTS OVER 30 DAYS DUE.

SIGNED: _____ POSITION: _____

NAME (PRINTED) _____ DATE: _____

THANK YOU FOR CHOOSING CRITICAL PATH COURIERS! WE LOOK FORWARD TO SERVING YOU!