

We want to thank you for your desire to do business with ABB Optical Group Canada, Inc.- (“ABB”) We are confident that you will be pleased with the consistency and reliability of our services.

To ensure prompt processing of your credit application, please complete all sections in their entirety and make certain to include the following:

- Signature on Credit Application (Print dark and clearly- Physical or Electronic Signature Required)
- Signature for Personal Guarantee (Print dark and clearly- Physical or Electronic Signature Required)
- Copy of Practitioner License
- Copy of Purchase Exemption Certificate or PST Number (If applicable)

Credit Application, Personal Guarantee, Practitioner License and Exemption/ Resale Certificate may be faxed or emailed:

Fax#: 1-(954)-752-6430

E-mail: accountmaintenance-ca@abboptical.ca

By doing so, you are giving ABB, as well as its employees, agents, affiliates and lenders, permission to review your business and personal credit history in order to provide you with formal credit approval.

Credit applications are typically processed within 48 business hours from the time they are received. Unsigned credit applications, unsigned personal guarantee or credit applications with missing information may cause delays. **Once your account number has been established, you will receive notification from ABB’s Credit Collections Department.**

PLEASE NOTE:

- Statements are emailed the next business day after business month end
- Due date for payments is the **12th** of the month
- The minimum standard for ABB website usage is Windows OS 7 and above, Internet Explorer 10 (IE10), Chrome and/or Firefox browsers

We look forward to doing business with your practice and thank you in advance for your most generous patronage and for your confidence in ABB.



Application Type:	
<input type="checkbox"/> New Application	<input type="checkbox"/> Updated Application
<input type="checkbox"/> New Ownership	<input type="checkbox"/> Credit Limit Increase

ABB OPTICAL GROUP CANADA, INC. CREDIT APPLICATION

NOTE: Your information may be transferred to ABB affiliates located in countries outside of Canada, including the United States, which may provide for different data protection rules than in your country of residence. With your consent, we will use the information you provide only for the purposes of processing this application and in accordance with our Privacy Policy.

How did you hear about ABB Optical Group Canada, Inc.? _____

BUSINESS INFORMATION		
Company Legal Name:		Company Trade Name:
Business Start Date:		Web Address:
Type of Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor		
Expected ABB Optical Group Canada, Inc. Monthly Purchases: \$		
Residential Address: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address:		
City:	Province:	Postal Code:
Telephone:	Fax:	
<input type="checkbox"/> Address and Shipping Address are the same		
Shipping Address:		
City:	Province:	Postal Code:
Telephone:	Fax:	
Please indicate the preferred email address for communications related to your account or your orders:		
Email Address:		
OWNERSHIP INFORMATION		
Owner/Officer Name		
1) Owner/Officer Name:	2) Title:	1) Percentage of Ownership:
2) Owner/Officer Name:	2) Title:	2) Percentage of Ownership:
3) Owner/Officer Name:	3) Title:	3) Percentage of Ownership:
Practice Purchase		
If this is a practice purchase, please indicate the selling practitioner's name and account number		
Practitioner's Name or Account Name:		
Existing Account Number:		
Effective date of Purchase:		

BILLING INFORMATION

Payment Type: (choose one) Cheque (Due by the 12th) ACH (Non-Auto Option) ACH Auto (Pulled on the 20th)

**If cheque, please select payment method:(choose one) Invoice (open item) Statement (balance forward)

Do you have an exemption/resale certificate? Yes No

If yes, the purchase exemption certificate must be provided

Statements and invoices are electronically sent. Please provide up to 4 email address:

1)

3)

2)

4)

Accounts Payable Contact:

AP Telephone Number:

Accounts Payable Email Address:

PRACTITIONER INFORMATION

Practitioner Name: OD MD Optician Other:

License Number

Province:

Expiration Date:

Telephone Number:

Email Address:

TRADE REFERENCES

List 3 Industry Credit References (Name, Account #, Phone & Email)

1)

2)

3)

BANK REFERENCE

List the banks your business currently utilizes to operate its business (Bank Name, Account #, Phone & Email)

1)

2)

Please Send Information Via One of The Options Listed Below:

Fax#: 1-(954)-752-6430

E-mail: accountmaintenance-ca@abboptical.ca

TERMS AND CONDITIONS

By signing below, the customer referenced above (“Customer”) and each guarantor acknowledge, agree and certify as follows:

1. All information and documents submitted in connection with this Credit Application are true, correct and complete. Each signer is authorized to execute this Credit Application. ABB, its agents, affiliates and lenders are authorized to receive credit reports and any other information regarding Customer and each guarantor from third parties, to verify any information provided on this Credit Application.
2. ABB shall have the right, at any time and with or without notice to limit the amount of credit outstanding to Customer and/or to deny the further extension of credit.
3. The billing cycle on Customer’s account will end the last Friday of every month.
4. Payment Methods include the follow: Cheque and ACH Electronic Transfer
5. Interest shall be due and payable on the outstanding balance of Customer’s account at a rate of the lesser of one and one-half of one percent (1.50%) per month or the highest rate permitted under applicable law. Interest on the outstanding balance of Customer’s account will accrue from the date the payment is due through and including the date of final repayment.
6. In the event any payment is not able to be processed by the customer’s financial institution, the customer shall pay ABB an incremental charge of \$25.00 for each time the payment is rejected. This would include all electronic payments and paper cheques.
7. That information provided by Customer and any guarantor has been relied upon by ABB. in connection with its decision to extend credit to Customer.
8. In the event ABB is required to pursue legal action to collect amounts due to it, ABB will be entitled to recoup all of its reasonable costs of collection, including, without limitation, reasonable attorneys’ fees and costs for pursuing such action, whether or not suit be brought, including attorneys’ fees and costs in any appellate proceeding, plus all other reasonable expenses incurred by it in exercising any of its rights and remedies against Customer or guarantor, and including, without limitation, court costs and other legal expenses incurred in connection with consultation or in judicial, administrative or arbitration proceedings, both at trial and appellate levels.

SIGNATURE (Required)

DATE

NAME (Print)

TITLE (Print)

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PERSONAL GUARANTEE

Is your company a Corporation?

Yes No

If no, you must complete and sign below:

I, _____(print owner name) for and in consideration of extending credit at my request to _____(print company name) guarantee prompt payment to any obligation of the Customer Account to ABB Optical Group Canada Inc., and I further agree to bind myself to pay on demand any sum which is due by the Customer Account to ABB Optical Group Canada, Inc., whenever the Customer Account fails to pay same. It is understood that this guarantee shall be an absolute, continuing and irrevocable guarantee for such indebtedness of the Customer Account. In the event that this Guarantee must be enforced by the ABB Optical Group Canada Inc., I shall be responsible for all reasonable costs and expenses, including attorney's fees incurred by ABB Optical Group Canada, Inc.

This Guarantee and this Agreement shall be governed by and will be construed in accordance with the laws of the Province and the federal laws of Canada, excluding any conflicts of law provisions. The parties irrevocable attorn to the jurisdiction of the courts of the Provinces of Canada.

By submitting this credit application, you consent to the transfer of your information to countries outside of your country of residence, including the United States which may provide for different data protection rules than in your home country. You may withdraw content at any time.

GUARANTOR NAME #1 (Print) SOCIAL INSURANCE NUMBER (_____)_____
TELEPHONE NUMBER

HOME ADDRESS CITY PROVINCE POSTAL CODE

SIGNATURE (Required) DATE

GUARANTOR NAME #2 (Print) SOCIAL INSURANCE NUMBER (_____)_____
TELEPHONE NUMBER

HOME ADDRESS CITY PROVINCE POSTAL CODE

SIGNATURE (Required) DATE

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