

We would like to take this opportunity to thank you for your interest in CompassHealth Canada
As this is our first experience with your firm, we require a brief credit history for our records.

Company Name: _____

Address: _____

City: _____ **Prov:** _____ **Postal Code** _____

Email Address: _____ **Telephone #** _____ **Fax #** _____

Vendor Reference: _____ **Account #** _____

Address: _____

City: _____ **Prov:** _____ **Postal Code** _____

Email Address: _____ **Telephone #** _____ **Fax #** _____

Vendor Reference: _____ **Account #** _____

Address: _____

City: _____ **Prov:** _____ **Postal Code** _____

Email Address: _____ **Telephone #** _____ **Fax #** _____

Vendor Reference: _____ **Account #** _____

Address: _____

City: _____ **Prov:** _____ **Postal Code** _____

Email Address: _____ **Telephone #** _____ **Fax #** _____

Bank Reference: _____

Address: _____

City: _____ **Prov:** _____ **Postal Code** _____

Account # _____ **Telephone #** _____ **Fax #** _____

Authorized Account Signature: _____
(This signature will allow the bank to release the above information to us.)

Printed Name: _____ **Date:** _____

Once again we would like to thank you for your interest in CompassHealth Canada and for taking a moment to comply with this request. The Credit Process may take up to two weeks.

We look forward to doing business with you!

Sincerely,

CompassHealth Canada