

Please fill out and return to Dispensaries Compounding Centre via:

email: [dccinfo@dispensariesltd.ca](mailto:dccinfo@dispensariesltd.ca) or Fax: (587) 782-6849

APPLICANT	
Pharmacy Name:	Position:
Person Applying:	
Pharmacy Phone:	Fax:
Pharmacy Address:	City:
email address:	Postal Code:

FORM OF PAYMENT				
<input type="checkbox"/>	VISA		<input type="checkbox"/>	EFT
	CARD #:			Banking details to be emailed to the following email address:
	EXP:	CVN #:		
<input type="checkbox"/>	MASTER CARD		<input type="checkbox"/>	INVOICE
	CARD #:			Invoice to be emailed to the following email address:
	EXP:	CVN #:		

**Credit Terms and Conditions**

*Unless otherwise stated in writing, credit terms are net 30 days. Dispensaries Compounding Centre may impose a finance charge or late charge in the event of late payment. In this event the applicant agrees to pay **1.025%** late charge per month on all past due balances.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date