



Email: info@kesman.ca
Phone: 1-866-883-1823

Account Application Form

Kesman Account Manager: _____

District: _____

MDEL# (if applicable) _____

Business License# _____

Professional Code (DDS, DMD, MD, OB etc.): _____

Primary Specialty and Practice Type: _____

Estimated Monthly Purchases: \$ _____

Business Information (Business Name Must Appear As Registered)

Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Email: _____

Tax Exempt: No Yes - Please provide exemption # _____

Please check one of the following: Corporation Partnership Proprietorship

Shipping Address

Same as above

Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: _____

Contact Person

First Name: _____ Last Name: _____ Title: _____

Phone: _____ Email: _____

Payment Method

Electronic Funds Transfer (EFT) Online Banking Cheque

E-Communications Consent

Kesman Inc. requests your consent, as a valued customer, to allow us to send you electronic communications (product and service updates, promotions, etc.) Your consent is required to comply with Canadian Anti-Spam Legislation (CASL). If you wish to consent, please check the appropriate box below:

Yes, I consent to receiving electronic communications from Kesman Inc.

Email: _____

By signing below, I wish to open an account with Kesman Inc. under the customer name written above.

I also authorize Kesman Inc., its representatives, and/or agents to acquire credit-related information.

Print Name: _____

Title: _____

Signature: _____

Date: _____

The applicant acknowledges that any and all indebtedness as a result of this agreement is not assignable to a 3rd Party without the written consent of Kesman Inc.

This includes the sale, termination of business, or the occurrence of similar events.