

**SMITH'S PHARMACY**  
CANADA'S NATURAL PHARMACY

**Smith's Pharmacy**

"Canada's Natural Pharmacy"

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**New Account and Credit Application Free Membership**

Business Name \_\_\_\_\_ Date \_\_\_\_\_

Contact Name \_\_\_\_\_

Accounting Contact Name \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

Licence #: \_\_\_\_\_

**Credit Card Information**

Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Amex \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Code \_\_\_\_

Name on Card \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_