



Details for Payment of Invoice

Do not include this form which contains credit card, wire, or cheque payment information within an electronic submission as the information cannot be deleted and will remain as part of the submission on record. Please mail this form with the invoice to Accounts Receivable (see address below). * indicates mandatory fields

1) Invoice and Company Information

*Invoice Number

Product Name

*Company Name

*Company Address

*Telephone Number

*International

*Facsimile Number

*International

*Contact (with Salutation – Mr., Mrs., Ms., Dr.)

*Title

*Email

Payments by mail in response to an invoice should be sent directly to:

Health Canada
Accounts Receivable, P/L: 1918B
18th Floor, Room 1804B
161 Goldenrod Driveway
Ottawa, Ontario K1A 0K9

For further information on payment of invoices, contact Accounts Receivable at 1-800-815-0506, (613) 957-1052 or via email at hc.ar-cr.sc@canada.ca

2) Payment of Invoice(s) / Statement by Credit Card

Credit Card Type

*Credit Card Holder's Name

*Credit Card Number (full number)

Credit Card Holder's Address

*Credit Card Holder's Telephone Number

*International

*Credit Card Expiry Date (YYYY-MM)

3) Payment of Invoice(s) / Statement by Wire

*Date Funds Wired: YYYY-MM-DD

*Name of Originator Bank

*Amount of Funds Wired (CAD)

*Transaction Receipt Included Yes No (Provide a copy of the transaction receipt)

4) Payment of Invoice(s) / Statement by Cheque

*Account Number (to which
money should be applied)

*Cheque number

5) Payment of Invoice(s) / Statement Balance Using Existing Credit

Please Apply the Following Credit towards

*Account Number Containing Credit

(for example, DRSE2345)

*Account Owner Name

*Existing Credit Amount (CAD)

*Invoice Number(s) to be paid

*Account Number (To which
credit should be applied)