CardinalHealth™

Invoice with **Service Fee**

Cardinal Health Canada
1000 Tesma Way
Concord, Ontario L4K 5R8
cardinalhealth.ca

Current State → **Future State**

Please Remit To / Veuillez remettre votre paiement a:

CARDINAL HEALTH CANADA INC.
P.O. BOX 578, STATION M
C/O LOCKBOX 310290
CALGARY AB
T2P 2J2

CREDIT MEMO - NOTE DE CRÉDIT

Invoice	Currency/Device	Page Number
86821252	CAD	1
Date	Brn/Plt	
05/21/25	70	
Customer	Shipto:	
[redacted]	[redacted]	
Order Nbr	Related PO	
70763926 CO		

Sold To:

[redacted]

Ship To:

[redacted]

Cardinal Health Canada Inc.

Customer P.O.	Ordered By	Order Date:	Cert Tax
[redacted]	[redacted]	05/12/25	

Line #	Description	Item Number	UM	Ship/Back/Canc.	Cost	Extended Price
1.000	SET TUBING EXTENSION 1EA	WA-5089-39	EA	S 10-	23.9505	239.50-
	GST/HST .00	PST .00				
2.000	Restocking Fee	RESTOCK0001	EA	S 1	35.9300	35.93
	GST/HST .00	PST .00				
					Sub-Total:	203.57-

[redacted]

G.S.T. / T.P.S # R 879088565
Q.S.T. / T.V.Q.# 1020776982

HST / GST: T.P.S. / T.V.H.	.00
PST / T.V.P.:	.00
TOTAL TAX: TOTAL DES TAXES:	.00
TOTAL DUE: TOTAL DU:	203.57-

Payment Terms / Conditions:
NET 30

Send Inquiries To:
Adressez vos questions a:
Telephone / Téléphone: 1-855-767-4571

CARDINAL HEALTH CANADA INC.
P.O. BOX 578, STATION M
C/O LOCKBOX 310290
CALGARY AB
T2P 2J2

Written permission must be obtained prior to returning goods • Shortage claims must be made within 48 hours • Breakage claims should be made against transport company at once • INTEREST CHARGED ON OVERDUE ACCOUNTS. Une permission écrite doit être reçue avant de retourner la marchandise • Les réclamations pour la marchandise non reçue doivent être faites dans les 48 heures suivant la réception de la commande • Les réclamations pour marchandise endommagée doivent être faites immédiatement auprès des compagnies de transport • FRAIS D'INTÉRÊT SUR LES MONTANTS PASSÉ DUS.

ORIGINAL INVOICE/FACTURE ORIGINALE

CardinalHealth™
shop.cardinalhealth.ca

Cardinal Health Canada Inc.
STN A
PO Box 4090
Toronto ON M5W 0E9

CREDIT MEMO – NOTE DE CRÉDIT

CREDIT MEMO – NOTE DE CRÉDIT

	BILL TO:	SOLD TO:	SHIP TO:
CUSTOMER	ACCOUNT: [redacted]	ACCOUNT: [redacted]	ACCOUNT: [redacted]
SHIP FROM	REMIT TO: Cardinal Health Canada Inc. STN A PO Box 4090 Toronto ON M5W 0E9	CARDINAL HEALTH CANADA, INC G.S.T. / T.P.S # 879088565 Q.S.T. / T.V.Q # 1020776982	INVOICE: 7000000187 INVOICE DATE: 04/17/2025 CURRENCY: CAD
SALES ORDER	CUSTOMER P.O. : [redacted] ORDERED BY: ORDER: 4000000020 ORDER DATE: 04/17/2025		

LINE	CARDINAL MATERIAL	MATERIAL DESCRIPTION	QUANTITY	UM	UNIT PRICE	EXTENDED PRICE
10	BD306570	SYRINGE SALINE XS P/FLUSH 3ML 30EA/BX 8B	60	EA	$-0.8494	$-51.48
	GST/HST: $-4.74	PST: $0.00				

Due to the special handling of this product, return restriction may apply

Payer: 1000116490
~~Payment Terms Conditions: Net 30 Days~~

SUBTOTAL:	$-51.48
RESTOCK FEE:	$15.00
GST/HST:	$-4.74
PST/QST:	$0.00
TOTAL:	$-41.22

Written permission must be obtained prior to returning goods – Shortage claims must be made within 48 hours – Breakage claims should be made against transport company at once – INTEREST CHARGED ON OVERDUE ACCOUNTS. Une autorisation écrite doit être obtenue avant le retour des marchandises – Les demandes de pénurie doivent être faites dans les 48 heures – Des réclamations pour bris devraient être faites immédiatement contre l'entreprise de transport – INTÉRÊTS FACTURÉS SUR LES COMPTES EN SOUFFRANCE

1 Service Fees will now appear after Subtotal.