



CREDIT CARD FORM

FOR PAYMENT WITH

CREDIT CARD

FOR

TECHNIMOUNT SYSTEM



Technimount System Inc.

Administration
 4401 de Guinecourt St.
 Quebec City (Quebec) Canada
 G1Y 3S9
 Telephone: 1-581-998-9820
 Fax: 1-855-339-6351

info@technimount.ca www.technimount.com

Credit Card form

One time credit card authorization form

Sign and complete this form to authorize **TECHNIMOUNT SYSTEM INC.** to make a one-time debit to your credit card listed below. By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account

Please complete the information below:

I, _____ (*your name*) authorize TECHNOLOGIE CGC INC OR ITS SUBSIDIARY, AS **TECHNIMOUNT SYSTEM INC** to charge my credit card account indicated below for _____ \$ US (*amount*), on or after the _____ (*date*), this payment is for purchasing _____ (*description*), and in reference of quote _____ (quote no. if available).

Please don't fill this section, if you already have a quote from us:

Billing Address: _____

Shipping Address: _____

Phone Number (Admin / Accounting): _____

Fax Number: _____

E-mail: _____

People authorized to buy (name): _____

EMS / Hospital division: _____

GSP tax number: _____

PST tax number: _____

TVQ exemption: Yes No

Monthly purchase approximatively (if applicable): _____

Estimated amount purchase if done on a unique P.O.: _____

Credit Card informationAccount type: Visa MasterCard American Express

Cardholder Name: _____

Account no.: _____

Expiration Date: _____

CVV no: _____

Zip Code (Postal code) of the cardholder: _____

Purpose of the Form / Authorization:

The actual document will be authorized by Technimount System if the applicant will meet the credit requirements according to Technimount System's policy, which is processing thru the payment with the credit card number written on this form. In order to achieve it, the applicant authorizes specifically by this form, Technimount System to get payment and declare that he/she has the right to use the card and recognized to be invoiced if this payment can't be proceeded.

Following the acceptance of this account business, the applicant commits to respect the following conditions:

1. Paiement

All merchandise bought from the applicant (client), will be payable in thirty days (30 days) following the delivery, and the administrative monthly charges are at 2% (24% per year) will be also due, on every balance not paid after this period of 30 days.

2. Delivery charge

All the charges related to the delivery, and taxes will be paid by the client, unless there is a written specific agreement into this way.

3. Return merchandise

The applicant commits to advice Technimount System, within the 10 days of the delivery of any mistake, error or defective products delivered. If not, Technimount System will consider that the client is fully satisfied of the product delivered.

4. Reserve of legal proprietary

All the products sold will remain owned by Technimount System until all the integral sum due by the client will be paid, according to the last statement of the account delivered by Technimount System.

5. Delay

All the deadlines into this form are mandatory and requested.

6. Others conditions

- 6.1. The applicant will assume all the risks of lost, damaged and destruction of the purchased items, as soon as they have been delivered at the address of the client. In the eventuality of one of those possible scenario, it does release the financial obligation to pay the sums due for the purchasing.
- 6.2. In case of any conflict or for the purpose of the execution of the request, all involved parts will elect the legal district of the Province of Quebec.
- 6.3. The applicant confirms that all the information is true and right based on the best of his/her knowledge.

<i>Signature</i>

Signed in the city of: _____ Date: _____

APPLICANT

Name: _____

Authorized representative as declared
(*Signature*)

I authorize TECHNIMOUNT SYSTEM INC. to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.