



BUSINESS ACCOUNT OPENING FORM

FOR RESELLER / DISTRIBUTOR / OR CLIENTS

WITH

**TECHNIMOUNT SYSTEM**



**Technimount System Inc.**

*Administration*  
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**Business Account opening form**

Name of the organization: \_\_\_\_\_

Social designation (if applicable): \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Phone Number (Admin / Accounting): \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Owner / responsible of accounting: \_\_\_\_\_

Owner of the building:        Yes                       No

If not:        Name: \_\_\_\_\_

    Tel. No.: \_\_\_\_\_

    Email: \_\_\_\_\_

Legal status of the organization:         Incorporated:

    Private:                                     

    Other:                                       

Division of (if applicable): \_\_\_\_\_

Person responsible of the payable accounts:

    Name: \_\_\_\_\_

    Email: \_\_\_\_\_

    Direct phone no.: \_\_\_\_\_

    Accounting manager name: \_\_\_\_\_

People authorized to buy (name): \_\_\_\_\_

EMS / Hospital division: \_\_\_\_\_

Transporter / Shipment company normally used: \_\_\_\_\_

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.: \_\_\_\_\_

**Important business suppliers**

Company name: \_\_\_\_\_  
Contact name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone no: \_\_\_\_\_  
Email: \_\_\_\_\_

Company name: \_\_\_\_\_  
Contact name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone no: \_\_\_\_\_  
Email: \_\_\_\_\_

Company name: \_\_\_\_\_  
Contact name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone no: \_\_\_\_\_  
Email: \_\_\_\_\_

**Bank information**

Bank name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Transit: \_\_\_\_\_ Account no: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
EFT applicable:                      Yes                      No  
Credit margin (approx.):

**Purpose of the Account Business:**

*The actual business account will be authorized by Technimount System if the applicant will meet the credit requirements according to Technimount System's policies. In order to achieve it, the applicant authorizes specifically by this form, Technimount System to get information from suppliers, banker, or official credit organization.*

*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.

*Signature*

Signed in the city of: \_\_\_\_\_

Date: \_\_\_\_\_

APPLICANT

TECHNIMOUNT SYSTEM INC.

\_\_\_\_\_  
Authorized representative as declared

\_\_\_\_\_  
Authorized representative