



BUSINESS ACCOUNT OPENING FORM

FOR RESELLER / DISTRIBUTOR / OR CLIENTS

WITH

TECHNIMOUNT SYSTEM



Technimount System Inc.

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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.

Confidential document

Signature

Signed in the city of: _____

Date: _____

APPLICANT

TECHNIMOUNT SYSTEM INC.

Authorized representative as declared

Authorized representative