



Business Account Application for Resellers, Distributors and Clients

Name of Organization: _____

Social designation (if applicable): _____

Billing Address: _____

Shipping Address: _____

Phone Number (Admin / Accounting): _____

Fax Number: _____

E-mail: _____

Owner / Responsible for Accounting: _____

Building Owner: Yes No

If not: Name: _____

Tel.: _____

Email: _____

Legal status of the organization: Incorporated:

Private:

Other:

Division of (if applicable): _____

Person responsible for accounts payable:

Name: _____

Email: _____

Direct: _____

Accounting manager name: _____

Individual authorized to purchase (name): _____

EMS / Hospital division: _____

Transporter / Shipment company normally used: _____

Approximate Monthly Purchase (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 Business Account:

The actual business account will be authorized by Technimount System if the applicant meets the credit requirements according to Technimount System's policies. By completing this form, the applicant authorizes Technimount System to obtain information from suppliers, financial institutions or official credit organization.

Following the acceptance of this business account, the applicant will agree to the following conditions:

- 1. Payment**
All merchandise purchase by the applicant (client), will be payable within 30 days following delivery. Any balance not paid after this period, will be charged on a monthly basis at 2% (24% per year).

- 2. Delivery**
All charges related to taxes and delivery, will be paid by the client, unless a specific written agreement.

3. Returns

The applicant agrees to advise Technimount System within 10 days of delivery of any errors 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 under the ownership of Technimount System until the total amount due is paid by the client 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. Other conditions

- 6.1. The applicant will assume all risks associated with lost, damaged and destruction of the items purchased as soon as they have been delivered to the client. In the eventuality of one of those possible scenarios, 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 parties will elect the legal district of the Province of Quebec.
- 6.3. The applicant confirms that all the information provided on this form is true, complete and accurate based to the best on his/her knowledge.

Signature

Signed in the city of: _____

Date: _____

APPLICANT

TECHNIMOUNT SYSTEM

Authorized representative as declared

Authorized representative