TECHNIMOUNT
SYSTEM™

Credit Card form

One time credit card authorization form

Sign and complete this form to authorize **TECHNIMOUNT SYSTEM** 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 TECHNOLOGIES CGC INC. OR ITS SUBSIDARY, AS **TECHNIMOUNT SYSTEM** 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: _____

Person responsible for accounts payable: _____
  Name: _____
  Email: _____
  Direct: _____
  Accounting manager name: _____

Monthly purchase approximatively (if applicable) _____

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

Credit Card information

Account 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. Payment
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
Name: _____

_____
Authorized representative as declared
(*Signature*)

I authorize TECHNIMOUNT SYSTEM 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.