



Credit Card form

One time credit card authorization form

Sign and complete this form to authorize **TECHNIMOUNT E.M.S. HOLDING 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 **TECHNIMOUNT E.M.S. HOLDING INC.** to charge my credit card account indicated below for _____ \$CAD (amount), on or after the _____ (date), this payment is for purchasing _____ (*description*), and in reference of quote _____ (quote no. if available).

Billing Address: _____
Shipping Address: _____
Phone Number (Admin / Accounting): _____
Fax Number: _____
E-mail: _____

People authorized to buy (name): _____

EMS / Hospital unit: _____

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: _____

Postal code of the cardholder: _____

Purpose of the Form / Authorization:

The actual document will be authorized by Technimount E.M.S. Holding Inc. if the applicant meets the credit requirements according to Technimount E.M.S. Holding Inc. policy, which is processing through the payment with the credit card number written on this form. In order to achieve it, the applicant authorizes specifically by this form, Technimount E.M.S. Holding Inc. to get payment and declares that he/she has the right to use the card and accepts 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 at the time of expedition.

2. Return merchandise

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

3. Reserve of legal proprietary

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

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 loss, damage and destruction of the purchased items, as soon as they have been delivered at the address of the client. In the eventuality one of those possible scenario presents, 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 provided on this form 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 E.M.S. Holding 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.