

Business Account Application for Resellers, Distributors and Clients

The information provided in this document remains confidential and will be only used by Technimount EMS Holding Inc. for its intended purpose.

The current business account will be authorized by Technimount EMS Holding Inc. (Technimount) if the applicant meets the credit requirements according to Technimount's policies. By completing this form, the applicant authorizes Technimount to obtain information from suppliers, financial institutions, or official credit organizations.

Name of Organization: _____

Social designation - DBA (if applicable): _____

Billing Address: _____

Shipping Address: _____

Phone Number (Admin/Accounting): _____

E-Mail: _____

Owner/Accountant: _____

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 unit: _____

Transporter / Shipment company normally used: _____

Approximate Monthly Purchase (if applicable): _____

Estimated Amount Purchase if done on a unique P.O.: _____

Bank Information

Bank Name: _____

Address: _____ City: _____

Bank Routing (9 digits): _____ Bank Account Number: _____

Contact name: _____ Phone: _____

Email: _____

EFT applicable: Yes No

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: _____

Conditions:

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 monthly 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 Medical Inc. within 15 days of reception of any errors or defective products delivered. Failure to do that or after that period, it. will considered that the client is fully satisfied with the product delivered.

4. Reserve of legal proprietary

All the products sold will remain under the ownership of Technimount Medical Inc. until the total amount due is paid by the client according to the last statement of the account delivered by Technimount.

5. Other conditions

5.1.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.

5.2.In case of any conflict or for the purpose of the execution of the request, all involved parties will elect the district court of the Province of Quebec.

5.3.The applicant confirms that all the information provided on this form is true, complete, and accurate based to the best of his/her knowledge.

5.4.For the complete Warranty and Return policies, please refer to the product's User Guide or the corresponding documents provided following your purchase. For further details contact customerservice@technimount.com

Signature

Signed in: _____

Date: ____/____/____

APPLICANT

Name: _____

Authorized representative as declared
(Signature)