



CDMV account opening and update form

Application date: (YYYY-MM-DD) _____

New account Update

Is it for a new practice? Yes No

If yes, opening date: (YYYY-MM-DD) _____

If no, in business since: (YYYY-MM-DD) _____

Or, CDVM account No.: _____

Section 1: Addresses

Shipping location

Billing location (same as shipping location)

Legal business name

Legal business name

Clinic's name (trade name)*

Department (including contact name)

Name of the veterinarian in charge

Address

Business address

City

City

Province

Postal code

Province

Postal code

Phone

Web site

Phone

Email

Email

Preferred language of communication: English French

***IMPORTANT: The trade name (clinic's name) and the shipping addresses must be registered with your regulatory body. If you have any other shipping addresses, please attach them to this document.**

I confirm that both the trade name (clinic's name) and the shipping addresses are registered with my regulatory body.

Section 2: Key contacts

Name of person in charge of purchasing

Phone

Email

Name of person in charge of accounting

Phone

Email

Will CDMV be your main distributor? Yes No

Estimated annual purchase volume: \$ _____

Section 3: Type of business

Sole proprietorship Professional business Company

Owner or shareholders name: _____

Are you the owner or shareholder of other clinic(s)? Yes No

If so, account No. or clinic names: _____

Account type: Veterinary establishment Mobile veterinary service Personal veterinary account Research and teaching institution

Shelter Government agency Laboratory Others: _____

Discipline: Small animals Mixed practice Large animals Equine Others: _____

Section 4: Account holder's profession

Veterinarian

ASAQ Member

Pharmacist

Other profession

Licence No.: _____

Effective date of membership: _____

Licence No.: _____

Specify: _____

Section 5: Methods of payment

Preferred payment option

Automated Debit Payment (ADP): Two statements per month (due date: 10 days after statement date).
A registration form will be sent to you. Certain conditions apply.

Payment by banking institution (your institution requires a 6-digit account number. If your CDMV account number has less than 6 digits, add as many "0's" as necessary in front of your account number).

Electronic funds transfer (EFT). Please make sure to add CDMV as a payee with your financial institution (there is a transactional fee incurred by your financial institution).

Cheque (net/30 days)

Credit card by transaction (for web orders only) Visa Mastercard

Section 6 : Deferred billing

I wish to take advantage of (please check only one):

- All deferred billing offered by suppliers.
- Deferred billing on parasiticide products only.
- No deferred billing.

Section 7: Names of professionals practicing in your business

Please give the names of the professionals responsible for purchasing medications and controlled substances.

Name (block letters) Licence No.

Name (block letters) Licence No.

Name (block letters) Licence No.

If there are more than three professionals, please provide, on a separate sheet, the information for each additional person and attach a copy to this document.

New clients

Section 8: Financial institution

Name of your financial institution Account No.

Address City

Province Postal code Phone

Name of manager or key contact Email

Section 9: Credit references

Names of three major suppliers. (Not required for government organizations.)

Name Phone

Name Phone

Name Phone

Do you have a tax exemption number? Yes No

If so, please attach a copy of your tax exemption form duly completed and signed.

IMPORTANT: Please notify us in writing of any changes to your account (names, addresses, financial institution, etc.)

Section 10: Declaration

We commit to pay all invoices according to the terms specified therein. Should we fail to do so, we agree to pay administration fees of 1,5% per month (18% per year) on any outstanding balances. We acknowledge that the merchandise purchased through CDMV Inc. remains the sole property of the latter until all invoices are paid in full. We certify that the above information is accurate and that we are duly authorized to sign this document. Moreover, we expressly authorize CDMV Inc. to obtain all the necessary information about our credit from financial institutions, suppliers or any other party related to this application for opening our account, as well as anytime thereafter.

Signature of the Professional responsible for the account. (Both parties acknowledge the validity of a digital signature as an original one.) Date (YYYY-MM-DD)

Name (block letters) Title of signatory

Once completed and signed, please return this form to: account.info@CDMV.com or fax it to 1-800-363-3134. A confirmation will be sent to you by email once your account is open or has been updated.