



Account opening

Exclusive Purchasing Program for Veterinary Care Teams

Date of application (YYYY/ MM/ DD): _____

Address of your affiliated veterinary practice (your order must be delivered to this address)

| | | |
|----------------------|-----------|--------------|
| CDMV account #: | Address: | |
| _____ | _____ | |
| Legal business name: | City: | |
| _____ | _____ | |
| Business name: | Province: | Postal code: |
| _____ | _____ | _____ |
| Phone: | Fax: | |
| _____ | _____ | |
| Email: | Web site: | |
| _____ | _____ | |

Personal address (must be completed)

| | | | |
|------------|-------------|--------------|--|
| Last name: | First name: | Address: | |
| _____ | _____ | _____ | |
| Phone: | Fax: | City: | |
| _____ | _____ | _____ | |
| Email: | Province: | Postal code: | |
| _____ | _____ | _____ | |

You are:

- A manager
 A receptionist
 An administrative support
 A technician/ Member #: _____
 AAAHT ATSAQ EVTA OAVT Other, specify: _____
 A veterinarian/ Member #: _____
 ABVMA CVO OMVQ NSVMA Other, specify: _____
 Other, specify: _____

Payment by credit card only – Only Visa® and Mastercard® are accepted.

When placing your first online order at www.cdmv.com, you will be asked for your credit card number.

Only web orders are eligible.

Do you have a provincial tax licence number? Yes No

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

Language of correspondence: English French

**Please notify us in writing of any change to your account
(names, addresses, bank information, etc.)**

Declaration of the applicant (must be completed)

Consent

I hereby authorize CDMV Inc. to collect certain personal information about me, particularly regarding my purchases of products from the manufacturer and from the veterinary practice owner of my affiliated veterinary practice. This information is used, shared and stored in accordance with CDMV's Privacy Policy.

I undertake to pay all the invoices in accordance with the terms and conditions thereof. Should I fail to do so, I agreed to pay an administration charge of 1.5% per month (18% per year) on any outstanding balance. I acknowledge that the merchandise purchased from CDMV Inc. shall remain the sole property of CDMV Inc. until the invoices have been paid in full. I certify that the aforesaid information is accurate and that I am duly authorized to sign this document. Furthermore, I expressly authorize CDMV Inc. to obtain any necessary credit information about me from the financial institutions, suppliers, or any other party related to this application, for the opening of my account, and at any time thereafter.

Name (upper case)

Signature of the applicant
(both parties acknowledge the validity of a fax as an original)

Date (YYYY/ MM/ DD)

Liability statement

I attest that I will abide by the applicable food purchasing limit and that my purchases will only be used on my own animals. I acknowledge that it is my obligation and my sole responsibility to consult with a practicing veterinarian to get a recommendation and instructions on the care of my animals and the appropriate diet for them. I acknowledge the fact that the health and welfare of my animals are my own personal responsibility, in consultation with my practicing veterinarian, and that CDMV Inc. cannot be held liable. In the event that I am no longer employed by my affiliated veterinary practice, I agree that I must notify CDMV Inc. by email at account.info@cdmv.com.

Signature of the applicant
(both parties acknowledge the validity of a fax as an original)

Date (YYYY/ MM/ DD)

Declaration of the veterinary practice owner (must be completed)

I approve the above-mentioned individual making purchases at CDMV Inc. as part of the exclusive purchasing program and I accept that the purchases be delivered to my veterinary practice. In the event that this person is no longer employed by my veterinary practice, I agree that I must notify CDMV Inc. by email at account.info@cdmv.com.

Name (upper case)

Licence number

Signature of the veterinary practice owner
(both parties acknowledge the validity of a fax as an original)

Date (YYYY/ MM/ DD)

**Please return the completed form by email to account.info@cdmv.com
or by fax at 1-800-363-3134**

IMPORTANT: Please anticipate a maximum of five business days to process your file.