



# 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 \_\_\_\_\_

Name of person responsible for the online web administration \_\_\_\_\_ 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

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

Payment by banking institution, CDMV is an official provider at most financial institutions (if your bank requires a 6-digit account number, add as many "0's" as necessary in front of your account number).

Electronic Funds Transfer (EFT). Add CDMV to your list of payees through your financial institution (transaction fees may be applied by your financial institution).

Cheque (net/30 days)

Credit card by transaction:  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.

Sales tax numbers (Provincial / Federal or Harmonized): \_\_\_\_\_ / \_\_\_\_\_

**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](mailto: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.**