



Richmond International Technology Corp. (RIT)

Dr. Battery

Unit 135-13900 Maycrest Way

Richmond, BC, V6V 3E2, Canada

Tel No.: 604-273-8248

Fax No.: 604-909-1828

OFFICE USE

ONLY

Account Number:

CLIENT APPLICATION FORM

This application form must be completed in full in order for an account to be created. Please print clearly and fax the completed copy to 604-909-1828. Thank you and we look forward to working with you.

GENERAL COMPANY INFORMATION						
Company Name						
Operating As						
Company Address				City		
Prov./State		Country		Postal Code/Zip Code		
Phone No.		Fax No.		Email*		
Canadian Customer Only						
Business#		PST #		Registration#		
USA Customer Only						
Business#		TIN#	<i>Please attach W-9 Form</i>	Resale Tax#		
<input type="checkbox"/> Government Agency	<input type="checkbox"/> Corporation	<i>Certificate of Incorporation #</i> _____				
<input type="checkbox"/> Hospital	<input type="checkbox"/> School					
<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLC	<input type="checkbox"/> Other _____			

*Please note that this email address will be used to log-on to our website, www.drbattery.com.

SHIPPING ADDRESS (If Different than Above)			
Contact Person			
Address			City
Prov./State		Postal Code/Zip Code	Country

AUTHORIZED ACCOUNT REPRESENTATIVES			
Representative 1			
Name		Phone No.	
Position		Email	
Representative 2			
Name		Phone No.	
Position		Email	

TRADE REFERENCES

Reference 1

Company Name		Account#	
Contact Person		Industry	
Phone No.		Fax No.	
Address		Website	
City	Prov./State	Postal Code/Zip Code	Country
Payment Method <input type="checkbox"/> Terms Net_____, Monthly Limit _____ <input type="checkbox"/> Credit Card			

Reference 2

Company Name		Account#	
Contact Person		Industry	
Phone No.		Fax No.	
Address		Website	
City	Prov./State	Postal Code/Zip Code	Country
Payment Method <input type="checkbox"/> Terms Net_____, Monthly Limit _____ <input type="checkbox"/> Credit Card			

PRODUCTS OF INTEREST (Check All That Apply)

<input type="checkbox"/> Laptop Battery	<input type="checkbox"/> Laptop Adapters
<input type="checkbox"/> Digital Camera Batteries	<input type="checkbox"/> Digital Camera Chargers
<input type="checkbox"/> Camcorder Batteries	<input type="checkbox"/> Camcorder Chargers
<input type="checkbox"/> Accessories	<input type="checkbox"/> Other _____

I declare all of the above information is correct and true to the best of our organization's knowledge. We understand that Richmond International Technology Corp. has the right to accept or reject our application.

Authorization Signature Name (Please Print) Date

*Your application will be processed within 3 working days after we receive your application.

*For any questions or inquiries, please contact RIT Corp. (604-273-8248)