



**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

<u>OFFICE USE</u> <u>ONLY</u>  Account Number: _____
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**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](http://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)