



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 | | | | | Business# | |
| Company Address | | | | | City | |
| Prov./State | | Country | | Postal Code/Zip Code | | |
| Phone No. | | Fax No. | | Email* | | |
| Canadian Customers Only | | | USA Customers Only <i>(Please attached W-9 Form)</i> | | | |
| PST# | | | TIN# | | | |

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

| SHIPPING ADDRESS (If Different than Above) | | | | | | |
|---|--|-------|--|---------|--|----------|
| Contact Person | | | | | | |
| Address | | | | | | |
| City | | State | | Country | | Zip Code |

| AUTHORIZED ACCOUNT REPRESENTATIVES | | | |
|------------------------------------|--|-----------|--|
| Name | | Phone No. | |
| Position | | Email | |
| Name | | Phone No. | |
| Position | | Email | |

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)