



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)