THIBERT
ACCOUNT APPLICATION

90 Trade Zone Court
Ronkonkoma (New York) 11779
Toll free: 1-800-276-0039
Return Application by fax: 450-691-2619
Or E-mail: openingofaccount@rthibert.com

SECTION A – BUSINESS INFORMATION   ALL FIELDS ARE MANDATORY

Legal Name _____

☐ Incorporated   ☐ Limited   ☐ Registered   ☐ LLC

Trade Name if Different _____

☐ Corporate   ☐ Franchise

Street _____   City _____   State _____   Zip Code _____

Phone Number _____   Fax Number _____   Business E-Mail Address _____

Years in Business _____   Website URL _____   **EIN # (please attach certificate)** _____

Business Type: ☐ Repair   ☐ Retail   ☐ MFG   ☐ Install   ☐ E-Commerce   ☐ Other :   Please Specify _____

Expected annual purchase volume: _____

Delivery Information (if different from above)

Street _____   City _____   State _____   Zip Code _____

Shipping Instructions

☐ Prepaid   **1**   ☐ Collect :   Carrier Name _____   Account # _____

LTL Shipping Requirements: ☐ Tailgate   ☐ Pallet Jack   ☐ None

1 Thibert's regular shipping policy and conditions apply

Contact Information

Buyer _____   Phone Number _____   E-Mail Address _____

Manager _____   Phone Number _____   E-Mail Address _____

Accounting _____   Phone Number _____   E-Mail Address _____

SECTION B – OWNER INFORMATION   ☐ **Partnership**   ☐ **Corporation**   ☐ **Sole Proprietorship**

First Name/Last Name _____   Phone Number _____   City of Residence _____   State _____

First Name/Last Name _____   Phone Number _____   City of Residence _____   State _____

SECTION C – EXEMPTION INFORMATION

Nature of Exemption

☐ Native   ☐ Other

Please Specify _____   Certificate Number _____

Environmental Handling Fees

☐ Indirect Contributor   ☐ Direct Contributor

Registration Number _____   State _____

☐ **MONTHLY PAYMENT (N25 F/M)** ☐ CHEQUE ☐ ELECTRONIC WIRE TRANSFER ☐ INTERAC TRANSFER

Businesses in operation for less than one year will automatically be given C.O.D. payment terms for a minimum of 12 months.

Bank	Street	City	Province	Zip Code

Phone Number	Fax Number	Contact Name

Account Number	Transit

I agree and authorize **Groupecho Canada** to obtain as well as consult all information pertaining to our account and credit status with any and all creditors, credit establishments, service and product suppliers, including our financial institution, for the duration of our business partnership. This shall be a continuing authorization for all present and future disclosures of account information and credit experience by **Thibert**, or any person requested to release such information to **Thibert**. **I understand that a confirmation e-mail will be sent to the e-mail address provided below, and that a reply is required to initiate the credit investigation process.**

/   /

Authorized Signature	Name in Printed Letters	E-Mail Address	Date

☐ **C.O.D OPTION**

☐ CREDIT CARD

If this option is chosen, an agent will contact you for the required information when you place your initial order.

All credit card payments are processed per order. Freight fees and special handling charges may apply as listed in our **Terms and Conditions** of Sale.

[2] **No refunds. Credit to account only.**

☐ ELECTRONIC WIRE TRANSFER

If this option is chosen, an agent will contact you with the required information when you place your initial order.

☐ INTERAC E-TRANSFER

1) Payment must be sent to : transfert@rthibert.com
2) Indicate your Thibert account number as reference.
3) If you are required to create a Security Question and Answer, please do so.
4) Once the payment has been submitted, confirm the details of your payment and the Security Question and Answer by e-mail to :
   transfert@rthibert.com

☐ MONTHLY PAYMENT (N25 F/M) ☐ CHEQUE ☐ ELECTRONIC WIRE TRANSFER ☐ INTERAC TRANSFER

SECTION E – BUSINESS REFERENCES

Supplier 1	Contact	Phone Number
Street	City	State

Supplier 2	Contact	Phone Number
Street	City	State

Supplier 3	Contact	Phone Number
Street	City	State

SECTION F – MUTUAL AGREEMENT

Security and Privacy

Thibert respects your privacy and collects the information included in this form for payment processing only. All information provided remains strictly confidential, internal, secure and safe.

Terms and conditions of sale

- No refunds. Credit to account only.
- A 2% monthly (24% yearly) admin fee is applicable on all overdue amounts.
- All merchandise returns must be authorized by Thibert and a Return Goods Authorization number (RGA) is necessary to do so.
- Merchandise returned without an RGA will be refused and sent back to sender collect.
- Thibert's official Terms and Conditions of Sale will be made available upon the approval of your account application. We suggest that you read and understand its integral content.

I have read and agree to the terms and conditions of sale listed above

Initials*

Initials are mandatory

SECTION G - INFORMATION CERTIFICATION

I, _____ hereby certify that all of the information provided in this account application is valid and accurate.

_____	_____	___ / ___ / ___
Signature	**Name in Printed Letters**	**Date**

Personal guarantee

The undersigned residing at the following address _____ , stands surety for the Buyer towards the Seller. As such, the undersigned guarantees the reimbursement jointly, and in solidarity, of any sum that the Buyer owes, or shall owe, to the Seller.

_____	_____	___ / ___ / ___
Authorized Signature	Name in Printed Letters	Date