



90 Trade Zone Court  
 Ronkonkoma (New York) 11779  
 Toll free: 1-844-830-4001  
 Return Application by fax: 450-691-2619  
 Or E-mail: [openingofaccount@rthibert.com](mailto:openingofaccount@rthibert.com)



Reserved for administration

**ACCOUNT APPLICATION**

Application Date : \_\_\_\_\_

Account Number : \_\_\_\_\_

**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 <sup>1</sup>  Collect : \_\_\_\_\_ Carrier Name \_\_\_\_\_ Account # \_\_\_\_\_

LTL Shipping Requirements:  Tailgate  Pallet Jack  None

<sup>1</sup> *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 \_\_\_\_\_

## SECTION D – PAYMENT PREFERENCES

Please select one of the four (4) following payment options:

**Option 1**  MONTHLY PAYMENT (N25 F/M)

**All businesses in operation for less than one (1) year will automatically be given C.O.D. payment terms for a minimum of 12 months.**

Bank	Street	City	State	Zip Code
Phone Number	Fax Number	Contact Name		
Account Number	Transit	Federal tax Number		
<p>I agree and authorize <b>Groupecho Canada</b> 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 <b>Thibert</b>, or any person requested to release such information to <b>Thibert</b>. <b>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.</b></p>				
Authorized Signature	Name in Printed Letters	E-Mail Address	Date	

**Option 2**  CREDIT CARD <sup>2</sup>

*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 or special handling charges may apply as listed in our **Terms and Conditions** of Sale.

<sup>2</sup> **No refunds. Credit to account only.**

**Option 3**  ELECTRONIC WIRE TRANSFER

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

**Option 4**  INTERAC E-TRANSFER

- 1) Payment must be sent to : [transfert@rthibert.com](mailto: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](mailto:transfert@rthibert.com)

## SECTION E – BUSINESS REFERENCES

<b>Supplier 1</b>	Contact	Phone Number
Street	City	State
<b>Supplier 2</b>	Contact	Phone Number
Street	City	State
<b>Supplier 3</b>	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