

Account Application

- Dicom transport services (with free membership cards for employees, available in french only)** **and GoJIT services**
 Employee membership cards with annual cost (without Dicom or GoJIT account)

Business Name : _____

Address : _____

House number

Street

P.O. Box

City/Town

Province

Postal Code

Sector of Activity : _____ Telephone : () _____

Number of employees* : _____ FAX : () _____

*Please include all departments and locations

Email : _____

Bank details

Financial Institution : _____

Name

Address

Account Number : _____

Credit references (indicate 2 references)

1) _____

2) _____

Contact person

Person responsible for shipping : _____

Person responsible for accounts payable : _____

Person responsible for human resources : _____

Important

- Interest of 1% per month (12% per year) will be added to all accounts unpaid after 30 days of the billing date.

Cancellation :

- This agreement may be cancelled by either of the two parties involved, via notice of thirty (30) days in writing.

Accepted by :

Application responsible (written in cursive)

Title/Position

Authorized signature

Date

Please FAX this form to 418 574-3952