

# ACCOUNT APPLICATION FORM

Please fill in the form, sign it and return it to our accounting team at [paiements@fdmt.ca](mailto:paiements@fdmt.ca). Should you have any questions, contact us at 1-866-465-0559.

## Bill to

---

Name of organization/Institution Name

---

No Civ.          App/Local          Street

---

City                                  Province          Postal code

---

Phone                                  Fax

---

Name

---

Email

## Deliver to (if different)

---

Name of organization/Institution Name

---

No Civ.          App/Local          Street

---

City                                  Province          Postal code

---

Phone                                  Fax

---

Name

---

Email

## Institutional Account Users Online

For customers who wish to order on the web.

The establishment can place orders via the Internet.

Yes     No

1.

---

Name of the authorized user

---

Function or Title

---

Email

2.

---

Name of the authorized user

---

Function or Title

---

Email

## To be completed by a Director of the institution

I authorize the above persons to order via the FDMT website ([www.fdmtd.ca](http://www.fdmtd.ca)) on behalf of the institution identified in the section "Bill to". I declare that the above information is complete and true.

1.

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Name of authorized person (Dirigeant of the institution)

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Email

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Title

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Phone

---

Date

**\*\* Following the creation of your web account, you will receive a confirmation email with a password so that you can place your order on our website.\*\***

**Please send your form by email to [paiements@fdmt.ca](mailto:paiements@fdmt.ca)**