



Account Application Form

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

Bill to

Delivered to (if different)

Name of organization / Institution Name

Name of organization / Institution Name

No Civ. App/Local Street

No Civ. App/Local Street

City Province Postal code

City Province Postal code

Phone Fax

Phone Fax

Name

Name

Email

Email

Institutional Account Users Online

For customers who wish to order on the web.

The establishment can place orders via the Internet. Yes No

Authorized User Information

1. Name of the authorized user

2. Name of the authorized user

Function or Title

Function or Title

Email

Email

To be completed by a Director of the institution

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

Name of authorized person (Dirigeant of the institution)

Title

Email

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