



Account Application

Applicant Information:	Billing Address:	Shipping Address
Company Name:	_____	_____
Trade Name:	_____	_____
Address:	_____	_____
City, Province/State:	_____	_____
Postal Code, Country:	_____	_____
Phone Number:	_____	_____
Fax Number:	_____	_____
Web Site:	_____	_____
e-mail address:	_____	_____

Ownership:

Incorporated:	_____	Partnership:	_____
Sole Proprietorship:	_____	Other:	_____
State of Registration:	_____	Year of Registration:	_____
Provincial Sales Tax #	_____	Federal Tax Number:	_____
GST Number:	_____	Alarm/Security License #	_____
Membership:	_____	D & B #	_____

Company Officers/Owner/Partner:

1) Name: _____ Title: _____
Home Address: _____
Home Phone #: _____ Driver License #: _____

2) Name: _____ Title: _____
Home Address: _____
Home Phone #: _____ Driver License #: _____

Name of your staffs:

1) Sales Person: _____ Phone No: _____
2) Purchasing: _____ Phone No: _____
3) Accounts Payable: _____ Phone No: _____

Company Profile:

Length of Business: _____ Type of Products/Service: _____
Geographic Coverage: _____ Type of Customers: _____
No. of Branches: _____ Annual Sales: \$ _____
No. of Employees: _____ Annual Purchases: \$ _____
Primary Location: Own: _____ Leased: _____ Targeted Sales of our Product: \$ _____
Size of the main location: _____ (sq.ft) Purchase for: _____ Resale: _____ Own Use: _____

If less than two years in Operation, please provide information on previous company:

Co. Name: _____
Address: _____
Reason for Change: _____
Name of Other Partners: _____ Phone No.: _____

Payment Method:

Certified Cheque: _____ Money Order: _____
Tele-transfer: _____ Credit Card: _____



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Trade References:

1) Name: _____
 Address: _____
 City: _____ Prov. _____ Postal Code: _____
 Contact: _____ Your Account No. _____
 Phone: _____ Fax: _____

2) Name: _____
 Address: _____
 City: _____ Prov. _____ Postal Code: _____
 Contact: _____ Your Account No. _____
 Phone: _____ Fax: _____

Terms and Conditions:

1. Merchandize will not be accepted for return unless authorized by VCR Inc.
2. Merchandize authorized for returned will be subject to a minimum 20% re-stocking charge.
3. Prepaid order by certified cheque, credit card, cash only, no cheques will be accepted by VCR Inc.

The undersigned hereby agrees to the above terms and conditions of sale and certify that the foregoing information is submitted for the purpose of obtaining account from Video Communications Research Inc. (VCR Inc.) The undersigned applicant further certifies that all the information given herein is true and correct, and hereby authorizes and consents to the receipt and exchange of information by VCR Inc. from time to time with any agency, bureau person, or corporation with whom the applicant has or proposes to have business relations.

Signed: _____ Print: _____ Date: _____
 Signed: _____ Print: _____ Date: _____



Account Application

Ontario Retail Sales Tax Purchase Exemption Certificate

This is necessary for our records. Please kindly fill in and return as soon as possible.

Blanket

Business Name: _____

Business Address: _____

Vendor Permit Number (if applicable): _____

Nature of Business: _____

Reason for Claiming Exemption: _____

I claim exemption from Ontario retail sales tax under the provisions of the Retail Sales Tax Act on the following goods or taxable services, contracts of insurance or benefits plan:

Signature of Authorized Person

Date

(print) Name of Authorized Person

Important:

The person buying the goods or taxable service, or entering into a contract of insurance or benefits plan for which an exemption is claimed must complete this certificate and give it to the supplier.

The supplier is to keep this form as stated in the regulations. This certificate is valid for four years if,

- (a) the box beside the word "blanket at the top of the form is checked: and
- (b) the purchase order refers to this Purchase Exemption Certificate.

Every person who makes a false statement on a Purchase Exemption Certificate or misuses the certificate is liable, if convicted, the a fine of not less than \$500 and an amount of not more than double the amount of the tax that should have been paid, or that was evaded, or to imprisonment for a term of not more than two years, or to both.

Please fax to :



Video Communication Research Inc.

1289 Matheson Blvd. E
Mississauga, Ont. L4W 1R1 Canada
Phone: (905) 238-6884 Fax: (905) 238-8207
URL: <http://www.vcrinc.com>