



# CDMV account Opening and update form

New Account

Update

Is this a new practice?

Yes: Opening date

No: In business since

Reason for update:

CDMV account number:

## Section 1 : Addresses

### SHIPPING

### BILLING ( same as shipping)

Legal business name

Legal business name

Establishment name

Establishment name

Responsible veterinarian

Department and contact name

Address

Address

City, Province, Postal code

City, Province, Postal code

Phone

Web site

Phone

Email

Email

Language of correspondence:

English

French

## Section 2 : Contacts

Person responsible for purchasing

Phone

Email

Person responsible for accounting

Phone

Email

Web access administrator for the CDMV platform

Phone

Email

Person responsible for receiving communications (operational and corporate)

Phone

Email

## Section 3 : Type of business

Sole proprietor

Professional business

Company

Names of owners or shareholders:

Are you the owner or shareholder of one or more other clinics?

Yes

No

If so, please provide the name and account number of each clinic :

Will CDMV be your main distributor?

Yes

No

Estimated annual purchase volume : \$

Account type :

Veterinary establishment

Shelter

Laboratory

Mobile veterinary service

Teaching and research  
institution

Other :

Personal veterinary account

Government agency

Personal accredited veterinary facility (Ontario only)

Discipline :

Small animal

Mixed practice

Large animal

Equine

Other:

#### Section 4 : Occupation of account holder

RVT      Licence #

Section 5 : Method of payment

## Section 5 : Method of payment

*\*A registration form will be sent to you. Certain conditions apply.*

Electronic Funds Transfer (EFT): Add CDMV to your list of beneficiaries with your financial institution (transaction fees may be applied by your financial institution).

Credit Card :      Visa      Mastercard

**Section 6 : Deferred billing (please check one only)**

**Section 6 : Deferred billing (please check one only)**

No deferred billing.

## Section 7 : Professionals

Name	Licence #
Name	Licence #
Name	Licence #

## Section 8 : Sales tax numbers

Do you possess a tax exemption certificate?      Yes      No      If so, please attach a copy of your tax exemption form, duly completed and signed.

**IMPORTANT** When you order products from CDMV, we may share certain information related to those orders with our suppliers and business partners.

## Section 9 : Declaration

## Section 9 : Declaration

Signature of the professional responsible for the account (Both parties recognise the validity of a digital signature in the same way as an original signature).	Date
--	------

Please return this form, duly completed and signed by the responsible professional, to [account.info@cdmv.com](mailto:account.info@cdmv.com). Confirmation will be sent to you by email once your account has been opened or updated.

**PLEASE INFORM US OF ANY CHANGES TO YOUR ACCOUNT.**