



Dimachem Inc. 3258 Marentette Ave, Windsor, ON, N8X 4G4 519-969-5570

New Account Set Up & Credit/PAD

Congratulations on becoming a Dimachem Customer!
All information will be used solely for the purpose of establishing credit and payment with Dimachem Inc. and will be held in the strictest of confidence.
Completed forms should be emailed to orderdesk@dimacheminc.com

Section 1: Basic Information (*Mandatory)

Legal Name Of Your Firm*:	
Shipping Address*:	
City/ Province/State*:	
Postal/ZIP Code*:	
Billing Address*: <input type="checkbox"/> Same as Shipping Address	
City/ Province/State*:	
Postal/ZIP Code*:	
Phone Number*:	
Email Address*:	
Duns #:	
Business License#*:	(or attach a copy of business license)
Business Type:	<input type="checkbox"/> Incorporated Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor
Years in Business:	<input type="checkbox"/> Under One Year <input type="checkbox"/> One To Five Years <input type="checkbox"/> Over Five Years: _____
Owner/Manager Name/email/phone#*:	
A/P: Contact Name/email/phone#*:	
Address to email your invoice?*	
Do you accept CHEP Pallets*?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, CHEP location) Code: _____
Preferred Courier Co.*:	Account# _____
Do you own premises or Landlord's Name, Address, and Phone:	
Do you have a level Loading Dock*?	If No, state receiving special requirements?



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Section 2: Banking and Credit Information & References*

Banking Details (Complete or attach a VOID cheque):

Bank:	
Bank Transit #:	
Account #:	
Bank Tel. #:	
Bank Contact/Rep:	

Credit Card Details (Note: Dimachem Inc.'s CC account is only for smaller web orders or incidental payments Our maximum allowable is <\$5,000 per month per client and we have a monthly total maximum of \$10,000). Note, our Terms state, "All credit card merchant fees or charges are to be paid by the buyer." We charge +3% for credit card payments. There is no fee for PAD, cheque or direct deposit payment (wire).

Card Holder Name (as it appears on card):	
Billing Address (if different than company above) Street Address with Postal or ZIP Code:	
Card #:	
Expiration Month/Year:	
CCV (number on back):	

PAD & Credit Card Authorization Notes:

- Payor may revoke their Authorization at any time, subject to providing 14 days notice. The Payor may obtain a sample cancellation form, or further information on their right to cancel a PAD Agreement, at their financial institution or by visiting <https://payments.ca/>.
- The Payor has certain recourse rights if any debit does not comply with this agreement. For example, the Payor has the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on recourse rights, contact your financial institution or visit <https://payments.ca/>.
- Dimachem will email a copy of the invoice to the Payor on or about the time of the PAD. The Payor waives the Pre-notification requirements of Rule H1 and agrees that the emailed invoice is sufficient notice.
- The Processing Member is not responsible for validating the terms of the Payor's PAD Agreement in respect of a PAD issued under that agreement.
- This form has been reviewed and approved by our bank, BMO and conforms to all Banking Regulations including Automated Clearing Settlement System (ACSS) Rules and Standards



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Section 3: Application for Rotating Credit Account

If you have completed the PAD in section #2, you can skip this table. With PAD, we will issue an invoice at time of shipment and then process PAD on the invoice due date and email you a receipt. If you prefer to pay by cheque or electronic transfer, you will need a rotating credit account. Please state the total dollar amount of rotating credit you are requesting \$ _____. If you are requesting credit, please complete the following table.

Three Supplier References:		
Name	Phone	Contact
Names & Addresses of Owners or Directors:		
Name	Phone	Address



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Section 4: Authorization*

For the purpose of processing this application the undersigned hereby authorizes Dimachem Inc. to investigate the applicant’s credit experience with suppliers, banks and other institutions with whom the applicant has conducted business. Upon approval of the application by the credit manager, credit may be extended subject to the our standard terms and following terms and conditions:

- 1. To pay all purchases on a quoted terms basis and if not so paid they become past due and may be wholly billed to your PAD or credit card. Dimachem Inc. is hereby authorized to Pre Authorized Debit (PAD) or charge Credit Card the amount due on the due date, and recurring/repeating monthly charges on the invoice due date.
- 2. Credit privileges will automatically be suspended should the applicant’s account become overdue.
- 3. All merchant fees and service charges of 2% per month will be charged on all past due accounts.
- 4. Any disputed charge of discrepancy will be reported within 14 days of receiving the invoice from Dimachem.
- 5. The applicant authorizes Dimachem to exchange information concerning account performance with other suppliers who deal with the applicant and/or credit rating agencies.
- 6. Please pay by Invoice, statements provided by request.

This agreement is between your firm and it’s owners(s) and Dimachem Inc., a Corporation incorporated under the law of Canada and having a sales office at: 3258 Marentette Ave, Windsor, ON, N8X 4G4. This shall signify your good and sufficient authority.

Authorized Signatory - Name (Please print)*

Authorized Signatory - Signature*

Date*

Direct Phone Number*

Note: If there is rental equipment or loan feed equipment, please complete a [Equipment Rental or Loan Form](#) and attach it to this application.

Description (Make and Model) of EQUIPMENT	EQUIPMENT Serial No.	Monthly Rent (\$) (pretax)