

c/o Synergy Graphics & Design Inc.  
 8500 Torbram Road, Unit 42,  
 Brampton, ON L6T 5C6  
 Telephone: (905) 458-4790  
**Facsimile: (905) 458-8362**  
**E-mail: sales@shhcp.ca**

To create a business account with Synergy Home Health Care Products, please complete the following form. Print out and fax back to 905-458-8362. Thank you.

## BILLING INFORMATION

**COMPANY NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_  
**PROVINCE** \_\_\_\_\_ **POSTAL CODE** \_\_\_\_\_  
**CONTACT NAME** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_  
**FAX NUMBER** \_\_\_\_\_

## PAYMENT INFORMATION

**VISA**                      **MASTER CARD**  
**NAME OF CARDHOLDER** \_\_\_\_\_  
**CREDIT CARD NUMBER**     -     -     -        **EXPIRY**   /      **CVV**     
**CARDHOLDER SIGNATURE** **X** \_\_\_\_\_

## PLEASE READ & SIGN THIS AGREEMENT

I hereby authorize Synergy Graphics & Design Inc. operating as Synergy Home Health Care Products, to process my invoice payments using the above supplied credit card information.

I agree that the payment transaction will take place prior to shipment of the ordered products.

I understand that this signed agreement will act as my signature for all transaction receipts.

**NAME** (Print) \_\_\_\_\_ **SIGNATURE** **X** \_\_\_\_\_ **DATE** \_\_\_\_\_

### OUR RESPONSIBILITIES RESPECTING CARDHOLDER INFORMATION

We agree not to request additional identification or information from a person who presents a Card, unless it is reasonably necessary to complete the Transaction or if we reasonably find the circumstances of the Transaction questionable.

We agree not to use Cardholder information such as names, account numbers or other information embossed, encoded or appearing in any manner on a Card for any purpose other than in respect of the Transaction or as specifically required by law. We also agree not to disclose or remit Cardholder information appearing in any other manner on a Card or any document or form evidencing such information to any third party other than Moneris, the Bank or any other authorized party to the Transaction. We agree to store materials containing Cardholder or Transaction information in a secure area limited to selected personnel in accordance with applicable laws and the Card Association Rules and Regulations, and prior to discarding, to destroy this data in a manner rendering it unreadable. We are not permitted to ask Cardholders to write Card account information on documents, where it is visible to anyone else.