



## DATE:

## ACCOUNT OPENING REQUEST OR

## FILE REVISION

Account representative for Imprimerie F.L. Chicoine or FL WEB: Association Other Legal name: Corporation Telephone: **Business name:** Address: Fax: E-mail: Nature of Business: Number of years in business: Tax identification number: **OFFICERS OR SHAREHOLDERS** NAME **RESIDENTIAL ADDRESS** President: Vice-president: Secretary-Treasurer: \_\_\_\_ Accounts Payables: Sales (last 12 months): Number of employees: IN THE CASE OF A SOLE OWNER OR AN INDIVIDUAL Name: Residential Address: Employer: Address of the Employer: \_\_\_ S.I.N.: \_ Driver's license no: Date of birth: OTHER INFORMATION Bank: Branch: Name of bank account holder: X Name of holder's representative: \_\_\_\_ Signature of bank account holder Account No.:\_ Telephone: City References (Suppliers, Loan Agencies) Telephone: Fax: Telephone: Fax: Telephone: Fax: Telephone: Fax: Amount of foreseen monthly purchases: Required credit limit: G.S.T. No.: \_\_\_ P.S.T. No.: \_\_\_

## **TERMS OF SALE**

All goods bought from Imprimerie F.L. Chicoine / FL Web will remain the property of Imprimerie F.L. Chicoine / FL Web until complete payment of all invoices. No return will be accepted without authorization. The payment of any sale is due thirty (30) days after the date of purchase. A service charge of two percent (2%) per month (26.8% per year) is added on all overdue accounts. If it becomes necessary to refer the account to a lawyer or a collection agency, on account of non-payment by the customer, the customer agrees to pay the collection fees of twenty per cent (20%) of the balance due in capital and interest. Both parties agree that the present agreement will be interpreted according to the laws of the Province of Quebec and the parties elect place of residence in the judicial city district of Drummond, Province of Quebec, Canada. I confirm the exactness of the information supplied in this demand. I agree, as well, to keep my account according to these terms of sale. I have read and initialled the Terms of Sale stipulated above and I accept them.

X Witness		Authorized signature by the aforementioned company	
Date		Authorized signature by the diorententioned company	
		Representative's name (in capital letters)	
	GUARANTEE		
		tee and commit myself along with the company I represent in favour of	
	, to guarantee the execution of all and each	of the present or future obligations of	the company I represent t
		and of discussion and declare to have	
he present commitment which will	remain valid even if I exercise no particular fur	nction within the company which I repr	resent and which I
guarantee.			
X	)		
Wit	ness	Guarantee	
X	<b>&gt;</b>		
Wit	ness	Guarantee	
	SPECIAL AUTHORISA	ATION	
authorize the creditor to make inq	uiries on me and the company which I represer	t and to obtain any information which	the creditor will consider
elevant. The present also constitut	es a license to communicate with third party ar	d to use this information, in any purpo	ses, which the creditor wi
consider useful and I also authorize	any thirds concerned to supply to the creditor	the information this last one will ask a	nd will consider relevant to
ask.			
Signed at	, after reading, this	day of	20
X	)		
	ness	Signature authorised by the aforen	nentioned Company
Date		Name of the representative (in capital letters)	

Name (in capital letters)

Signature

Title