



ACCOUNT OPENING REQUEST

Company name: _____

Address: _____

Town/province: _____

Postal code: _____

Tel: _____

Provincial sales tax: _____

In operations since: _____

Type of business: _____

Number of employees: _____

Fax: _____

Registered incorporated

Branches Yes No

Address: _____

Chairman: _____

Vice-president: _____

Treasurer: _____

Building

Own Lease

Billing address: _____

Bank: _____

Address: _____

Account number: _____

Contact: _____

Tel: _____

Fax: _____

1 Supplier: _____

Address: _____

Tel: _____

Fax: _____

Contact person : _____

2 Supplier: _____

Address: _____

Tel: _____

Fax: _____

Contact person : _____

3 Supplier: _____

Address: _____

Tel: _____

Fax: _____

Contact person : _____

Signed : _____

Date : _____

Return by fax : **819-847-3469**