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# OPENING OF ACCOUNT BUSINESS REFERRAL

Corporate Name : _____			
Address : _____			
Phone : _____	Fax : _____	Email: _____	
# TVQ : _____	# TPS : _____		

Buyer's name: _____	
Accounts payable: _____	
Established since: _____	P.O. # required : Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of Owner / President: _____	
Address : _____	
Phone : _____	Fax : _____

BANK REFERENCE		
Institution: _____	Phone : _____	Fax : _____
Address : _____		
Contact : _____	Account # : _____	

SUPPLIER REFERENCES (please submit three)		
Name : _____	Phone : _____	
Address : _____	Account # : _____	
Name : _____	Phone : _____	
Address : _____	Account # : _____	
Name : _____	Phone : _____	
Address : _____	Account # : _____	

**PAIEMENT:** All invoices are payable 45 days from invoice date. Interest fees of 1,5% per month (18% par year) are applicable to all overdue accounts. The customer consents to pay any fees engaged by EASTERN ONTARIO READY MIX INC. including attorney and court fees in the event that the seller has to incur such fees in order to be paid by the buyer.

Signature: \_\_\_\_\_ (authorized person)

**AUTHORIZATION:**

I hereby authorized EASTERN ONTARIO READY MIX INC. to obtain information from credit agencies, suppliers or any other source in order to complete the procedure in opening this account. This will enable EASTERN ONTARIO READY MIX INC. to pass on this information to other credit agencies upon demand. I also authorize my financial institution to provide all information required and considered useful for the opening and/or periodic updating of my account.

I hereby declare that all information given in this application is true and accurate, that I am authorized to request the opening of this account and that I agree to the terms and conditions hereabove mentioned.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Position : \_\_\_\_\_

Name: \_\_\_\_\_