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OPENING OF ACCOUNT - BUSINESS REFERRAL

Corporate Name : _____		
Address : _____		
Phone : _____	Fax : _____	Email: _____
# NEQ/BN: _____		

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% per year) are applicable to all overdue accounts. The company consents to pay any fees engaged by BÉTON SALABERRY DIVISION OF TRANSPORT B.R.S. 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 authorize BÉTON SALABERRY DIVISION OF TRANSPORT B.R.S. 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 BÉTON SALABERRY DIVISION DE TRANSPORT B.R.S. 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 mentioned above.

Date: _____

Signature : _____

Position: _____

Name : _____