



info@groupecorbeil.com

C.P. 176
Salaberry-de-Valleyfield, QC.
J6S 4V6
Tel.: 450.377.5560
Fax.: 450.377.4424

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 : _____