



REQUEST FOR OPENING AN ACCOUNT

Date: _____

Credit line *or* Cheque payment

Name of the company: _____

Enterprise Quebec register (NEQ) _____

Address: _____ Postal Code: _____

City _____ Email: _____

Office phone number: _____ Fax: _____ Cell : _____

Please, enclosed a copy of your company's certificate and a business card with your request

Are you owner at this address? _____ How many year: _____

Your business is: Limited Incorporate Registered

How many years in business: _____

Name of shareholders:

<u>Name</u>	<u>Address</u>	<u>Phone number</u>
_____	_____	_____
_____	_____	_____

Do you use purchase order? Yes No

If yes: written or Verbal

Name of the person who is authorized to order: _____

Name of the person who is in charge of payables: _____

Where you in business under another name before? Yes No

If yes under what name: _____

Credit line requested: _____

Banking reference:

Name of you bank: _____

Address: _____ postal code: _____

Phone number: _____

Name of the account manager: _____ account number: _____

OTHER CREDIT REFERENCE:

- | | |
|----------|--------------|
| 1. _____ | phone: _____ |
| 2. _____ | phone: _____ |
| 3. _____ | phone: _____ |
| 4. _____ | phone: _____ |

Please note

Please take note that in order to open and keep a credit line open you must purchase merchandise for at least \$ 5,000.00 during the year, if this amount is not reached we will be in the obligation to cancel your credit line. However your account will still be open and you will still be able to pay by cheque or credit cards but it must be redeemable immediately. The evaluation of accounts is done once a year.

We authorize Centre de Toitures B & S Ltee. to make a credit investigation under the company name and we agreed to pay an interest of 1.50 percent monthly which represent 18 percent per year for all past due account. By the present, we authorize Centre de Toitures B & S Ltee. to denounce all purchases for specific projects to the owner of the building which will be incorporate.

THIS POINT REMAINS IN EFFECT EVEN IS CROSSHATCHED

Owner's signature: _____



PERSONNAL INTERVENTION (APPLY IF MARKED)

I, the undersigned, personally pledge, jointly and severally with, _____ (the customer) to pay all amount to Centre de Toitures B & S Ltée. by the customer following sale of merchandise or equipment to the customer by the Centre de Toitures B & S Ltée. Without delay, as soon as a formal demand will be done. I also renounce to benefice of all discussion and division and recognize than all dispositions applicable to the undersigned are same than the customer

Signed at _____ this _____ day of _____ 20_____

Representative authorize signature

Name of the owner: _____

Personal address: _____

Driver's license: _____

Social insurance number: _____

Date of birth: _____

Please complete the form and return by fax at (514) 932-9743 or by mail at:

Centre de Toitures B & S Ltée.

5363, Notre-Dame Ouest

Montréal, Québec

H4C 1T7

Email: recevables@centredetoiturebs.com