



970, Théophile-St-Laurent, Nicolet (Québec) J3T 1B4

ACCOUNT OPENING APPLICATION

GENERAL INFORMATION

Legal name : _____

N.E.Q. (Numéro d'entreprise Québec): _____

N.E. (Numéro d'entreprise Canada): _____

I.R.S. (Internal Revenue Service): _____

Shipping address: _____

Billing address: _____

Are you equipped to receive your order on a pallet ? Yes No

Telephone : _____

Fax : _____

E-mail for orders: _____

E-mail for accounts payable : _____

Number of years in business: _____

Industry: _____

OFFICERS OR SHAREHOLDERS

President : _____

Vice-President : _____

Secretary-Treasurer: _____

Responsible for accounts payable: _____

Numbers of employes : _____

Sales: _____

BANKING INFORMATION

Bank : _____ Branch: _____

of account : _____ Telephone : _____

of account : _____

REFERENCES (suppliers other than manufacturers or distributors of cabinet doors)

Suppliers	City	
_____	_____	Phone : _____
		Fax : _____
_____	_____	Phone : _____
		Fax : _____
_____	_____	Phone : _____
		Fax : _____

Monthly purchases planned : _____ \$



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SALE TERMS

All merchandise purchased from Thermoform of America remains its property until full payment of invoices. No returns will be accepted without authorization. The payment of all sales is due thirty (30) days after the date of purchase.

The parties agree that this Agreement shall be construed under the laws of the Province of Quebec and the parties elect domicile in the district judicial _____ (city) , Province of Quebec , Canada. I confirm the accuracy of the information provided.

I also agree to keep my account following these terms of sale. I have read and initialed the sales conditions stated above and accept them.

Witness

Signature authorized by the company

Date

Name of Representative

Surety

I, _____, endorse and severally undertake with the company I represent, for _____, to guarantee the performance of any and all present or future obligations of the company that I represent to Thermoform of America. I renounce the benefit of division and discussion, and have read throughout the terms of sale and this commitment will remain valid even if I was practicing any specific function within the company I represent and that I endorse.

Signed at _____, after reading this, on the _____ (day) of _____ (month) 20____ (year).

Witness

Representative

Witness

Representative

SPECIAL AUTHORIZATION

I authorize the creditor to investigate me and the company I represent and obtain any information that the creditor considers relevant and authorize to disclose our bank balance and get my credit files. This is also authorized to release to third parties and use such information for any purpose , the creditor deems appropriate , and I also authorize any third parties to provide the creditor information that it considers relevant to ask and ask .

Signed at _____, after reading this, on the _____ (day) of _____ (month) 20____ (year).

Witness

Signature authorized by the company

Date

Name of Representative

I declare that the above information is true.

Signature

Name (in molded letters)

Title

Return by fax at 819-293-4110 or by email at comptabilite@thermoform.net