



## **ACCOUNT APPLICATION FORM**

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

Sales Representative : \_\_\_\_\_

### **GENERAL INFORMATION**

Name of the company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Type of business: \_\_\_\_\_ In business since: \_\_\_\_\_

**Entity:**  Company  Business Corporation  Partnership  Registered Company

Date of establishment: \_\_\_\_\_ In business since: \_\_\_\_\_

### **NAME(S) AND TITLE(S) OF OWNER(S)**

\_\_\_\_\_  
\_\_\_\_\_

Accounts payable (e-mail): \_\_\_\_\_

Purchasing (e-mail): \_\_\_\_\_

Expected volume per month: \$ \_\_\_\_\_ Credit requested: \$ \_\_\_\_\_

## **REFERENCES**

### **BANK**

Name: \_\_\_\_\_ Type of account: \_\_\_\_\_  
Address: \_\_\_\_\_ Account number: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Groupe Levasse authorizes Groupe Echo to seek bank information on our behalf.**

## **SUPPLIERS**

**1- Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
Doing business together since: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

**2- Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
Doing business together since: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Comments: \_\_\_\_\_

**I hereby authorise Groupe Levasse inc. (Transport Levasse inc. or Globco International inc.) to obtain information deemed necessary for the opening of an account, and I accept to provide all additional credit information.**

**Sales Conditions: The terms of payment will be sent upon your credit approval.**

Interest rates of 1.5% per month (18% per year) will be added on all past due accounts. I hereby agree to respect these conditions and to pay the administration fees if the account is passed due.

Signed in: \_\_\_\_\_ Date: \_\_\_\_\_

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

Function: \_\_\_\_\_