



AnCrabec

OPENING ACCOUNT SHEET

(Please print, fill in and return to us by Fax or Mail)

DATE : _____
PLACE : _____
ATTN : _____
FAX# : _____

You will find enclosed a form to complete, to process at the opening of your account.

You will notice that our terms are : **NET 30 days**. The invoices therefore , are payable the last opened day of next month following the invoice emission date. However, you may profit of **2% discount** on the amount, before taxes, if you pay within ten days of emission date on invoice.

THESE PAYMENT TERMS MUST BE SEVERELY RESPECTED

All invoice unpaid after **30 days** of emission date will be subject of a **1-1/2% interests, therefore, 18% a year**, than all orders must be held.

I agree with the above conditions : _____

Title : _____

This sheet and following form must be signed and returned to the supervisor.

If you do not receive all pages, please advise without delay.

Thank you!

Head Office
536, rue de Touraine, C.P. 392
Sainte-Julie (Québec) J3E 1X7
Telephones: 1-514-649-7203 / 1-888-262-7372
Faxes: 1-514-649-5088 / 1-800-344-8449
E-Mail: ancrabec@videotron.ca

GENERAL INFORMATIONS



Lawful name : _____ Company's name : _____

Kind of business : _____

Postal address : _____ Shipping address : _____

Telephone: (____) _____ Fax : (____) _____

Number of years in business : ____ Number of years with present administration : ____ Credit requested : _____

Name of the responsible : _____ Name of the accounts payable person : _____

of G.S.T.: _____ # of Q.S.T. : _____

Local: Proprietor or Occupier : Name and address of proprietor : _____

DIRECTORS	TITLE	% OF OWNERSHIP	ADDRESS	TELEPHONE

Did you ever make business an a different name ? Yes : _____ No : _____ If yes, When? : _____

Name : _____ Address: _____

BUSINESS RELATIONS (Please, name at least 3 suppliers)

NAME	ADDRESS	FAX #

FINANCIAL INFORMATIONS

Name of the Bank : _____ Branch : _____

Telephone : _____ Manager : _____ Accounts # : _____

Uncovered protection ? Yes ____ No ____ Amount : _____

Value held : Personal warrantee Real ownership Equipment Accounts receivable Inventory
Others, Please explain : _____

Exercise year date : _____ Recent most minutes : _____ Available Yes ____ No ____

Name and address of external auditor : _____

Please, give a list of all banks and/or all suppliers which ones have shares in your company :

Please, give details of all judgment or execution in abeyance : _____

SALES CONDITIONS

All invoice unpaid after 30 days, will be subject of a monthly interest of 1.5%. Please take note that the first three orders are payable C.O.D. if your account is not opened yet. No account will be opened if this form is not duly signed. I / we understand and agree with yours conditions of payment of 30 days of emission date on invoice. I / we certify that the legal name of the company in above is exact, and agree with an investigation of our credit, if necessary.

Signature : _____ Date : _____

Name / Title, in capital letters : _____