



## 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 Les Produits Murphco 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 Les produits Murphco 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 Les Produits Murpcho Ltee. by the customer following sale of merchandise or equipment to the customer by the Les Produits Murphco Ltee. 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:**

**Les Produits Murphco Ltée.**

5363, Notre-Dame Ouest

Montréal, Québec

H4C 1T7

**Email: [recevables@produitsmurphco.com](mailto:recevables@produitsmurphco.com)**