

# ACCOUNT APPLICATION FORM



1931 Galt East Street, Sherbrooke (Quebec) J1G 3H9  
Tel: 819 563-4155 | Toll-free: 1 800 561-4155  
Fax: 819 821-4052



114 Ménard Street, St-Alphonse-de-Granby (Quebec) J0E 2A0  
Phone: 450 375-4211 | Toll-free: 1 800 363-8923  
Fax: 819 821-4052

Company name : \_\_\_\_\_  
Corporate name : \_\_\_\_\_  
Address : No \_\_\_\_\_ Street \_\_\_\_\_ Suite/Unit \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_  
Phone : \_\_\_\_\_ Fax : \_\_\_\_\_ Cell : \_\_\_\_\_  
Purchasing Email : \_\_\_\_\_  
Buyer's Name : \_\_\_\_\_ Phone : \_\_\_\_\_  
Accounts Payable Email : \_\_\_\_\_  
Contact Name : \_\_\_\_\_ Phone : \_\_\_\_\_  
Credit Requested : \_\_\_\_\_ In Business Since : \_\_\_\_\_  
Delivery Address : \_\_\_\_\_  
Unloading Equipment Required? Please specify : \_\_\_\_\_

## BANKING INFORMATION

Financial Institution Name : \_\_\_\_\_  
Bank Address : No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_  
Email : \_\_\_\_\_ Cell : \_\_\_\_\_  
Bank Manager Name : \_\_\_\_\_ Phone : \_\_\_\_\_  
Account Number : \_\_\_\_\_ Transit Number : \_\_\_\_\_ Institution Number : \_\_\_\_\_

## TRADE REFERENCES (MINIMUM OF 3)

Company : \_\_\_\_\_ Email : \_\_\_\_\_  
Company : \_\_\_\_\_ Email : \_\_\_\_\_  
Company : \_\_\_\_\_ Email : \_\_\_\_\_

I hereby authorize the above-named financial institution(s) and trade references to release any information required for the purpose of opening a credit account and/or updating the credit file. The undersigned personally guarantees payment of any debts, invoices, or outstanding balances owed by the client named above. In the event of default by the client, Acier David Simmonds Ltd. and Acier David Ménard Ltd. reserve the right to claim from the undersigned any amounts due. This personal guarantee is limited to the amount owed by the client. The client acknowledges that failure to comply with the terms herein may result in credit suspension or adjustment without prior notice. The client also agrees to pay a \$40 fee for any cheque returned due to insufficient funds.

Signed at : \_\_\_\_\_ Date \_\_\_\_\_

Full Name (Printed) \_\_\_\_\_ Owner's Signature \_\_\_\_\_