

DATE: _____

ACCOUNT OPENING REQUEST

OR

FILE REVISION

Legal name: _____ Corporation Association Other
Business name: _____ Phone: _____
Address: _____ Fax: _____
E-mail: _____
Nature of business: _____ Number of years in business: _____

Officers or Shareholders	Name	Residential Address
President:	_____	_____
Vice-President	_____	_____
Secretary-Treasurer:	_____	_____
Accounts Payable:	_____	_____
Number of employees:	_____	Sales: _____ \$ (last 12 months) (in thousands)

In the case of a sole (only) owner or an individual

Name: _____ Residential Address: _____
Employer: _____ Address of the employer: _____
S.I.N.: _____ Driver' licence #: _____ Date of birth: _____

Other information

Bank: _____ Branch: _____
Account # : _____ Phone: _____
References (Suppliers, Loan agencies) / City
Phone: _____
Fax: _____
Phone: _____
Fax: _____
Phone: _____
Fax: _____
Phone: _____
Fax: _____
Phone: _____
Fax: _____

Amount of foreseen monthly purchases: _____ \$ Required credit limit: _____ \$
G.S.T. # : _____ P.S.T. # : _____

TERMS OF SALE

All the goods bought from **ADAPT-SOLUTIONS # 1 LTD** will remain the property of **ADAPT-SOLUTIONS # 1 LTD** until complete payment of all invoices. No return will be accepted without authorization. The payment of any sale is due thirty (30) days after the date of purchase. A service charge of two percent (2%) per month (26.8% per year) is added on every account in arrears. If it is necessary to refer the account to a lawyer or a collection agency because of non-payment by the customer, the customer agrees to pay collection fees of twenty percent (20%) of the balance due in capital and interest. Both parties agree that the present agreement will be interpreted according to the laws of the Province of Quebec and the parties elect place of residence in the judicial city district of _____ (city), Province of Quebec, Canada. I confirm the exactness of the information supplied in this demand. I agree as well to keep my account following these terms of sale. I read and initialled the Terms of Sale stipulated above and I accept them.

Witness

Authorised signature by the aforementioned company

Date

Representative's name

GUARANTEE

I, the undersigned _____, guarantee and commit myself along with the company I represent in favour of _____, to guarantee the execution of all and each of the present or future obligations of the company I represent to **ADAPT-SOLUTIONS # 1 LTD**. I renounce any benefit of division and of discussion and declare to have read the terms of sale and the present commitment which will remain valid even if I exercised no particular function within the company which I represent and which I guarantee.

I signed in _____, after reading, this ____ day of _____ 20__.

Witness

Guarantee

Witness (print)

Guarantee (print)

SPECIAL AUTHORISATION

I authorize the creditor to make inquiry on me and the company which I represent and to obtain any information which the creditor will consider relevant. The present also constitutes a licence to communicate with thirds and to use this information, in any purposes, which the creditor will consider useful and I also authorize any thirds concerned to supply to the creditor the information this last one will ask and will consider relevant to ask.

I signed in _____, after reading, this ____ day of _____ 20__.

Witness

Signature authorised by the aforementioned Company

Date

Name of the representative

I declare the above-mentioned information to be true.

Signature

Name (please print)

Title