

RETURN TO :  
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**REQUEST TO OPEN AN ACCOUNT**

COMPANY'S LEGAL NAME : \_\_\_\_\_

COMPANY NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_ CITY : \_\_\_\_\_ PROVINCE : \_\_\_\_\_

POSTAL CODE : \_\_\_\_\_ WEB-SITE : \_\_\_\_\_

TELEPHONE : (\_\_\_\_) \_\_\_\_\_ FAX : (\_\_\_\_) \_\_\_\_\_

OWNERS NAMES : \_\_\_\_\_

PERSON IN CHARGE OF ACCOUNTS : \_\_\_\_\_

E-MAIL ADDRESS : \_\_\_\_\_

FINANCIAL INSTITUTION : \_\_\_\_\_ TELEPHONE : \_\_\_\_\_

BRANCH : \_\_\_\_\_ CONTACT PERSON : \_\_\_\_\_

ACC No : \_\_\_\_\_ TRANSIT : \_\_\_\_\_

SUPPLIERS : 1- NAME : \_\_\_\_\_ TELEPHONE : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

2- NAME : \_\_\_\_\_ TELEPHONE : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

3- NAME : \_\_\_\_\_ TELEPHONE : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

REQUESTED CREDIT : \_\_\_\_\_ \$ INTENDED TRANSPORT : \_\_\_\_\_ DATE OF FIRST TRANSPORT : \_\_\_\_\_  
(MONTHLY)

- E-mail to send **Invoices**: \_\_\_\_\_  
- E-mail to send **Account statements**: \_\_\_\_\_

The first bill must be paid by credit card. Bills are payable within 30 days. There is a 2% monthly interest charge (24% yearly) on overdue accounts.

I agree with the payment terms \_\_\_\_\_  
Initials

I authorise the creditor to investigate the company that I represent and to obtain any information that the creditor may judge relevant. This is also an authorisation to communicate to third parties and to use this information for all purposes that the creditor may judge relevant. I also authorise all third parties concerned to provide to the creditor any information that the creditor may ask for and judge necessary to ask for.

I declare that the above information is true.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

SIGNATURE : \_\_\_\_\_ NAME (Print) : \_\_\_\_\_

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