



PLEASE RETURN THIS FORM BY FAX TO 450 836-1145  
OR BY EMAIL TO INFO@EBIQC.COM

ACCOUNT OPENING APPLICATION

Company name : \_\_\_\_\_

Corporate name : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ Postal code : \_\_\_\_\_

Phone : \_\_\_\_\_ Fax: \_\_\_\_\_

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

Representative's name : \_\_\_\_\_ Position : \_\_\_\_\_

Type of business : \_\_\_\_\_

GST N° : \_\_\_\_\_ QST N°: \_\_\_\_\_

**BANKING INSTITUTION**

Account officer : \_\_\_\_\_ Address : \_\_\_\_\_

Account manager : \_\_\_\_\_ Phone : \_\_\_\_\_

**REFERENCES**

SUPPLIERS, FINANCING COMPANIES, ETC.	CITY	PHONE	FAX

Anticipated monthly purchasing amount : \_\_\_\_\_ \$      Credit limit required : \_\_\_\_\_ \$

I hereby certify the accuracy of the information provided and authorize EBI Environnement to gather any information that it deems useful to open my account. I have read and understood the conditions mentioned below and accept them.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Name (please print) : \_\_\_\_\_

**TERMS**

Payment for all sales is due thirty (30) days after the invoice date. A service charge of 2% per month is added to any overdue accounts. Should it be necessary to refer the account to a collection agency due to a payment default by the client, the client agrees to pay, in addition to the amount due, collection fees equivalent to 18% of the balance in principal and interest.