

COMMERCIAL ACCOUNT APPLICATION

SELLER: _____

Company name:			
Name of owner(s):	1.	Phone:	
	2.	Phone:	
Address of the company:			Postal code:
Email:			
Office phone:	Cell phone:	Fax:	
Sector of activity:			
In operation since:		Delivery address:	
Nature of the project:			
Financial institution: <small>(If Desjardins, please include the name of the Caisse. Ex.: Caisse Desjardins Salaberry-de-Valleyfield)</small>		Account #:	
Address:		City:	Phone:
Credit reference: (Business)	1.	Phone:	Téloc. :
	2.	Phone:	Téloc. :
Name of authorized buyers:	1.	2.	
	3.	4.	
	5.	6.	
Order Number Required: Yes <input type="radio"/> No <input type="radio"/>		Credit amount requested:	

With the present document, we, members of the society, shareholders or administrators of the above-mentioned company, authorize Matériaux Miron Inc. to obtain and check ou credit information and that of the shareholders, periodically, at all times, during the course of our business relationship. We declare having understood the content of the present document et having sought all additional information. We agree to comply with the payment terms and conditions of Matériaux Miron Inc., which are as follows: all purchases must be paid in full on the 10th day of the month following the reception of the merchandise, in cash or by check. Payments by credit card are not allowed for the statements of accounts. For all payments made through Centria Commerce System, all fees will be charged to the client.

The signee of the present document is personally and integrally responsible of the company's obligations. All outstanding amounts due past the above-mentioned terms are subject to interest fees of 24% per year.

The signees confirm having the authorization and being duly mandated by the company for opening this account. In witness whereof, we sign

			day	month	year
1. Name:	Signature:	Date:	/	/	
2. Name:	Signature:	Date:	/	/	

Section for the credit department only:	Type #
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