VALTEC SOLUTIONS CONSTRUCTION INC.



7690, rue de Lamartine Anjou (Qc) H1J 2A8 Tél.: 514 852-4600 Téléc.: 514 852-4560

info@valtec.ca

ACCOUNT OPENING REQUEST OR FILE REVISION

Legal Name:			
Business Name:			
Address:			
City:	Prov.:	Postal code:	
Telephone:	Fax:	QEN:	
GST #:	QST #:		
Accounts payable ema	il:		
Accounts payable conta	act:	ext. #:	
	OWNERS AND MANAGER	RS OF YOUR COMPANY	
Name:		Title:	
Name:		Title:	
Nature of business:			
	on in huningge		
How long have you bee	in in business.		
Number of employees:			
Bank name:		Account #:	
Band address:			
Telephone:		Fax:	
Amount of foreseen monthly purchases:		Required credit limit:	
	SUPPLIERS RI	EFERENCES	
1) Supplier:		City:	
Telephone:		Email:	
2) Supplier:		City:	
Telephone:		Email:	
3) Supplier:		City:	
Telephone:		Email:	
4) Supplier:		City:	
Telephone:		Email:	

VALTEC SOLUTIONS CONSTRUCTION INC.



7690, rue de Lamartine Anjou (Qc) H1J2A8 Tél.: 514 852-4600 Téléc.: 514 852-4560

info@valtec.ca

ACCOUNT OPENING REQUEST OR FILE REVISION (continued)

Terms of sale

I confirm the accuracy of the information provided in this application. The customer agrees that Valtec Solutions Construction Inc. take credit information about the company. All products purchased from

Initiales

Valtec Solutions Construction Inc. will remain the property of Valtec Solutions Construction Inc. until complete payment of all invoices. No returns will be accepted without authorization. The payment of any sale is due, thirty (30) days after the date of purchase. Service charge of 18% per year (1.5% per month)				
is added on every account in arrears. The customer agaccount.	grees to pay any collection costs relating to his			
I have read and initialized the terms of sale set fort	h above and I accept them.			
Name of authorized representative of the company	Authorized signature of the representative			
Witness	Date			
<u>Guarantee</u>				
I, the undersigned,				
I have read and initialized the above-guarantee and	I I accept it.			
Signature of Witness	Signature of guarantee			
Signature of Witness	Signature of guarantee			
<u>Authorization</u>				
I authorize the creditor to make a credit investigation on the company I represent to obtain any information which the creditor will consider relevant. The present also constitutes a license 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.				
I have read and initialized the authorization above a	and I accept it.			
Name of authorized representative of the company	Authorized signature of the representative			
Witness	Date			
I declare the above-mentioned information to be tru	ue.			
Signature of authorized representative	Title			
Name (in capital letters)	Date			
Please return by fax to (514) 852-4560 or by email to: comptabilite@valtec.ca				