



2106, boulevard Rosemont  
Montréal (Québec) H2G 1T4

Telephone: 514-273-1723  
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**COMPANY INFORMATIONS**

|  |      |              |
|--|------|--------------|
| NAME OF COMPANY:   |      |              |
| ADDRESS:   |      | POSTAL CODE: |
| TEL:   | FAX: | E-MAIL:      |
| FEDERAL TAX No. (IF APPLICABLE)  |      |              |
| PROVINCIAL TAX No. (IF APPLICABLE)   |      |              |
| NAME(S) OF BUYER(S)  |      | TEL.:        |
| NAME OF ACCOUNTANT:  |      | TEL.:        |
| DO YOU USE PURCHASE ORDERS?      YES <input type="checkbox"/> NO <input type="checkbox"/> MANDATORY <input type="checkbox"/> |      |              |

**PROPRIETOR INFORMATIONS**

|                      |      |              |
|----------------------|------|--------------|
| NAME:                |      |              |
| ADDRESS:             |      |              |
| CITY:                |      | POSTAL CODE: |
| TEL:                 | FAX: | E-MAIL:      |
| DRIVER'S PERMIT No.: |      | SIN:         |

**BANKING INFORMATIONS**

|          |  |                  |
|----------|--|------------------|
| NAME:    |  | ACCOUNT No.:     |
| ADDRESS: |  |                  |
| CITY:    |  | POSTAL CODE:     |
| TEL:     |  | ACCOUNT MANAGER: |

**REFERENCES (NAME 3 SUPPLIERS)**

|       |       |      |
|-------|-------|------|
| NAME: | TEL.: | FAX: |
| NAME: | TEL.: | FAX: |
| NAME: | TEL.: | FAX: |

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_