



Brosses Lacasse : 107 Authier St., St-Alphonse de Granby, QC JOE-2A0 | Tel. : 450 375-4681 | Fax : 450 375-8442 | marc@brosseslacasse.com

ACCOUNT APPLICATION FORM

COMPANY NAME:

Address: _____ City: _____

Nature of business : _____ Operating since: _____

Owner's name: _____ Title: _____

_____ Title: _____

PURCHASING MANAGER:

Email: _____ Telephone: _____

A/P MANAGER:

Email: _____ Telephone: _____

BANK REFERENCE

FINANCIAL INSTITUTION: _____ Account number: _____

Address: _____ City: _____

Telephone: _____ Fax: _____

BUSINESS REFERENCES

Supplier's name	Address:	Telephone	Fax

QST NUMBER:

GST NUMBER:

I, the undersigned, duly authorized herein, certify that the information above is correct, and I authorize my financial institution and business references to disclose information relevant to this account application, in accordance with applicable laws.

Signature / title: _____ Date : _____

WE'VE GOT THE BRUSH TO DO THE JOB.