



**G2S Équipement
de Fabrication et
d'Entretien Inc.**

www.g2sequip.ca

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APPLICATION FOR A BUSINESS ACCOUNT

British Columbia Clients:
please provide us with your
Certificate of Exemption General.

PLEASE WRITE IN BLOCK LETTERS

BUSINESS CONTACT INFORMATION

Company Name: _____ **Accounts Payable Contact:** _____

Address: _____ **Tel.:** () _____

_____ **City:** _____ **E-mail:** _____

Province: _____ **Postal Code:** _____ **Purchasing Agent:** _____

Office Tel.: () _____ **Tel.:** () _____

Cell.: () _____ **E-mail:** _____

Fax: () _____

Shipping Address: _____ **City:** _____ **Prov.:** _____ **Postal Code:** _____

Years in Business: _____ **Sole Proprietorship:** **Partnership:** **Corporation:** **Other:** _____

Owner/Shareholder: _____ **Owner/Shareholder:** _____

Estimated purchases per year: _____

Are you a member of a Group or Association? Yes No **Specify:** _____

PLEASE WRITE IN BLOCK LETTERS

BANK REFERENCE

Name of Bank: _____ **Bank Account #** _____

Contact Name: _____ **Tel.:** () _____ **Fax:** () _____

Address: _____ **City:** _____ **Prov.:** _____ **Postal Code:** _____

PLEASE WRITE IN BLOCK LETTERS

TRADE REFERENCES

Company Name: _____ **Account #** _____

Address: _____ **Tel.:** () _____ **Fax:** () _____

Company Name: _____ **Account #** _____

Address: _____ **Tel.:** () _____ **Fax:** () _____

Company Name: _____ **Account #** _____

Address: _____ **Tel.:** () _____ **Fax:** () _____

CONSENT & SIGNATURE

By signing this application, we accept and agree that credit investigations and/or credit inquiries are conducted at all times about our financial situation, either by **G2S ÉQUIPEMENT DE FABRICATION ET D'ENTRETIEN INC.** and/or a credit agency regarding this application to open an account. We authorize all persons, companies, credit agencies or financial institutions doing business with us to disclose all information they have about us. We also agree that the supplier **G2S EQUIPMENT** may provide the customer with a line of credit that can be adjusted upward or downward by the supplier from time to time at its sole discretion. The supplier is under no obligation to sell on credit and reserves the right to stop delivery of goods already ordered at any time. The goods remain the property of the supplier until payment of the invoice is received in full by the supplier.

NOTE: In order to complete this process, the Signature of the Owner(s)/Shareholder(s) is required and the undersigned accepts that a fax or E-mail copy of the application bearing this signature may be treated as an original.

Signature: _____ **Signature:** _____

Print Name: _____ **Print Name:** _____

Position: _____ **Date:** _____ **Position:** _____ **Date:** _____

(MM / DD / YYYY) (MM / DD / YYYY)