

**PLEASE FAX TO (514) 685-9970****BILLING:**

Business name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Legal name if different: \_\_\_\_\_

**DELIVERY:**

Business name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Legal name if different: \_\_\_\_\_

What do you wish to purchase from us?  Cigarettes  Groceries  Confectionary  
 Are you a:  Depanneur  Grocery  Tabagie  Pharmacy

Between what hours are we able to deliver? \_\_\_\_\_

What is your email address to receive promotions and order confirmations? \_\_\_\_\_

Do you have a dock? \_\_\_\_\_

**Owner/s**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Tel: \_\_\_\_\_

Tel: \_\_\_\_\_

No. P.S.T

No. G.S.T.

No. S.A.Q

**Accounting**

Name of person responsible for accounts payable: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

**Banking information**

Branch: \_\_\_\_\_ Adresse succursale: \_\_\_\_\_

Name-person responsible: \_\_\_\_\_ Account number: \_\_\_\_\_

Tel: \_\_\_\_\_ Credit margin required: \_\_\_\_\_

**PLEASE INCLUDE A VOID CHECK FOR PRE-AUTHORIZED PAYMENT 7 DAYS****Commitment and Agreement:**

The client hereby certifies that all declarations and information or attached annexes are exact on date of this application. In the event of a significant change in the above information and/or in relevance to the client's financial situation, the client must immediately advise by mail La Cie Regitan Ltée. The undersigned authorizes La Cie Regitan Ltée in the event of opening an account (or to its update) and prior to all subsequent delivery of merchandise and to all verification and/or to obtain all information needed on the company and its owner, and without limiting the generalities of the preceding. To communicate with all financial institutions or suppliers with which the company does business and to exchange information regarding its credit terms previously agreed on and therefore all future deliveries will be settled in cash **Checks returned for non-sufficient funds will incur a \$45 processing fee. La Cie Regitan Ltée remains owner of sold merchandise until total payment.**

**Caution:**

The undersigned administrators hereby called (guarantors) commit jointly and severally with the client for good and valuable consideration to guarantee each and all of the client obligations towards La Cie Regitan Ltée and hereby renounces to all gains from discussions and distributions.

Date

Name (Print)

Signature / Owner