



3755-E Boul. Matte
Brossard, QC
J4Y 2P4

Toll Free Canada / 1 (855) 585-5333
U.S.A:
Local : 514-792-3533

CLIENT NUMBER

www.led123.ca

ACCOUNT OPENING FORM

IDENTIFICATION

Legal Name of the Company:	Co.:	Inc.:	LLC:	Reg'd:
Address:	E-mail:			
	Telephone (Office): ()			
City:	Province/State:	Telephone (Residence): ()		
Zip code:	Fax: ()			

TRANSPORT COMPANY

TYPE OF COMMERCE

Account Number:	Lighting Shop:
Additional Informations:	Electrical Distributor:
	Integrator:
	Dealer:

CONTACT: Responsible for Payable Account

Name:	Telephone: ()
Billing Address:	City:
	Postal Code:

CREDIT INFORMATION

President:	Owner(s):
Vice-President:	
Treasurer Sec.:	Buyer:
In Business Since:	Your position: Tenant: Owner:
Desired Monthly Credit:	LED Main lines sold out:
Do you want to keep your back-orders?	Yes: No:
Do you want an order number? :	Yes: No:

BANK REFERENCE

Name of the Bank:	Name of the Account Director:
Address:	Account Number:
	Telephone: ()
City:	Fax: ()

MAJOR SUPPLIERS

1 - Name:	Telephone: ()
Address:	Fax: ()
City: Zip code:	Annual Purchase: \$
2 - Name:	Telephone: ()
Address:	Fax: ()
City: Zip code:	Annual Purchase: \$
3 - Name:	Telephone: ()
Address:	Fax: ()
City: Zip code:	Annual Purchase: \$

CREDIT APPLICATION FORM (CONTINUED)
ANNEX: Terms and Conditions for Sales

The buyer agrees to comply with the following Terms, Conditions and Sales policies:

CONDITIONS OF PAYMENT: The total amount of the invoices will be payable not later than 30 days after the billing date. Any late payment will result in automatic suspension of your credit. After suspension, every subsequent purchase must be paid in advance. For any invoice paid within 10 days after billing, a 2%-discount will be applied.

ADMINISTRATION FEES: Any late account shall be billed by 20% administrative fees a year, i.e. 2% fees per cumulative month in addition to the due amount. If it became necessary to send the owed amount for collection purpose, because of its failure to pay, the customer is liable to pay 20% of collection fees over and above the owed amount.

RESERVE PROPERTY: LED 123 INC. will remain the absolute owner of all goods and merchandise sold to the buyer as long as the purchase price has not been fully paid.

ELECTION OF DOMICILE: The buyer declares to elect domicile in the district of Quebec for the purpose of legal and jurisdiction of court.

MODIFICATION: The terms of this Annex may be changed at any time by 'LED 123' or by the issue of annual brochures or advertising material. ALL CONDITIONS AND SALES POLICIES INDICATED IN OUR PRICE LIST (deliveries, orders, back-orders, transportation, minimum orders, claims and returns) ARE AN INTEGRAL PART OF THIS ANNEX AND ITS AMENDMENTS TO THE EMISSION OF EACH NEW PRICE LIST.

SPECIAL AUTHORIZATION

I authorize LED 123 INC to investigate me and the company I represent and to obtain all information which will be relevant for LED 123*. This also constitutes an authorization to communicate with third parties and to use this information for any purpose that LED 123* deems fit. I also authorize all third parties concerned to provide LED 123 with the information requested and deemed as relevant to the request.

I Signed in _____, after reading, this _____ Day of _____, the year _____

X

PERSONAL SECURITY

Mr. or Mrs.:

Declares to have read and communicates hereby, declares to be jointly and severally guarantor(s) with the buyer vis-à-vis LED 123 INC. to the payment of all and each of the bonds and as accessories hereunder and expressly waive the benefits of discussion, division and subrogation.

X _____ X

SIGNATURE REQUIRED (OBLIGATORY)

The undersigned declare(s) to be duly authorized in its (their) position(s) to sign hereunder.

I Signed in _____, after reading, this _____ Day of _____, the year _____

X

(Authorized signature in function)

I Signed in _____, after reading, this _____ Day of _____, the year _____

X

(Authorized signature in function)

Your application will not be considered if not duly completed and signed.



Supplementary form – Account opening -

To be able to give you a good service, we would like to have those additional details:

1. Your business hours at the office:

Monday	Tuesday	Wednesday	Thursday	Friday
to	to	to	to	to

2. Your business hours for the receipt of goods:

Monday	Tuesday	Wednesday	Thursday	Friday
to	to	to	to	to
Fermé sur l'heure du diner ? oui ou non				
to	to	to	to	to

3. Invoicing address:

Address:
City:
ZIP code:
Additional information:

4. Is the merchandise delivery address the same as the invoicing address?

Yes or No

5. If the delivery address is different, please indicate it:

Address:
City:
ZIP code:
Additional information:

6. Contact details of the person in charge of the account payable:

Name	E-mail address	Phone number including ext.
		() -

7. Coordonnées de la personne responsable des livraisons :

Name	E-mail address	Phone number including ext.
		() -