

**ACCOUNT APPLICATION FORM**

Date : \_\_\_\_\_

Sales Representative (Globco Intl/ Transport Levasse) :

**GENERAL INFORMATION**

**LEGAL** Name of Company : \_\_\_\_\_

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

City : \_\_\_\_\_ Province : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Phone Number : \_\_\_\_\_ Fax Number : \_\_\_\_\_

Type of business \_\_\_\_\_ In business since : \_\_\_\_\_

**GST #** \_\_\_\_\_ **QST #** \_\_\_\_\_

**Entity** : Company :  Business Corporation :  Partnership :  Registered Company :

**NAME(S) AND TITLE(S) OF OWNER(S)**

\_\_\_\_\_  
\_\_\_\_\_

Accounts payable (email) : \_\_\_\_\_

Purchasing (email) : \_\_\_\_\_

For which company are you applying? You may choose more than one (1) :

**Transport Levasse :**

Expected volume per month \$: \_\_\_\_\_ Credit requested \$ : \_\_\_\_\_

**Globco International:**

Expected volume per month \$: \_\_\_\_\_ Credit requested \$ \_\_\_\_\_

**\*IMPORTANT\*** Invoicing preference : **\$CAD**\_\_\_\_ **\$USD**\_\_\_\_ **No preference**\_\_\_\_

**PLEASE RETURN FORM TO YOUR SALES REPRESENTATIVE WHEN COMPLETED**

## REFERENCES

### BANK

Name: \_\_\_\_\_ Type of account: \_\_\_\_\_  
Address: \_\_\_\_\_ Account number: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Globco authorizes Euler Hermes and/or Groupe Echo to seek bank information on our behalf.**

**1- Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Doing business together since: \_\_\_\_\_ Credit Limit \_\_\_\_\_

**2- - Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Doing business together since: \_\_\_\_\_ Credit Limit \_\_\_\_\_

Comments: \_\_\_\_\_

**I hereby authorise Globco (Transport Levasse inc. or Globco International inc.) to obtain information deemed necessary for the opening of an account, and I accept to provide all additional credit information.**

**Sales Conditions:** The terms of payment will be sent upon your credit approval.

Interest rates of 1.5% per month (18% per year) will be added on all past due accounts. I hereby agree to respect these conditions and to pay the administration fees if the account is passed due.

Signed in: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Function: \_\_\_\_\_

Email : \_\_\_\_\_