



ACCOUNT OPENING / FILE UPDATE

COMPANY

Name _____

Address _____

City-Prov.-Postal code _____

Tel & Fax _____

E-mail _____

Year established _____

Owner _____

Purchaser _____

Assistant _____

Accounting _____

BANK INFORMATION

****TO FILL OUT or JOIN a SPECIMEN CHEQUE****

Bank name *** _____

Bank address *** _____

Contact _____

Phone _____

Branch & Account # *** _____

I hereby authorize the bank to release the necessary information to assist in this inquiry. Credit terms upon acceptance by DenPlus Inc. are "Net 30 days".
Respecting these conditions will keep your account active. Interest will be charged on past due invoices.

Considering that the present is an installment sale, DenPlus Inc. will remain owner of the sold merchandise until full payment is received. The buyer acknowledges that it is his/her responsibility to inform his/her creditors of the above reservation of ownership and that he/she will be liable for it. The fees to recover debts will be at the buyer's expense.

CREDIT AMOUNT REQUESTED \$ _____

PAYMENT METHOD by cheque _____ by credit card _____
(Please fill out CC authorization form)

DATE _____

AUTHORIZED SIGNATURE _____

Name & tel _____

Title _____

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