

# Account Opening Form



WORD EXPERTS

Service d'édition  
Editorial Services

Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Telephone \_\_\_\_\_  
Province / Sate \_\_\_\_\_ Fax \_\_\_\_\_  
Postal/Zip Code \_\_\_\_\_

Company officer \_\_\_\_\_  
PST number \_\_\_\_\_  
GST number \_\_\_\_\_

## Suppliers References

- 1 • Name \_\_\_\_\_ Tel. \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_
- 2 • Name \_\_\_\_\_ Tel. \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_
- 3 • Name \_\_\_\_\_ Tel. \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_
- 4 • Bank \_\_\_\_\_ Tel. \_\_\_\_\_  
Account number \_\_\_\_\_  
Contact \_\_\_\_\_

I request services of Textogo on an open credit terms of net 30 days. It is agreed that any past due balance will be subject to 2% monthly interest charge (24% per year). I authorise Textogo to contact references above for informations the may require to establish our credit.

\_\_\_\_\_  
Signature of a company officer. Date \_\_\_\_\_ Print carracter please.

## Billing contact

Tel.  
450 227.6200  
514 877.5085  
Fax.  
450 227.0622

Adresse postale/Postal address  
P.O. Box 84  
Saint-Sauveur-des-Monts, QC  
Canada, JOR 1R0

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