

ACCOUNT FACILITY FORM

REQUESTED SERVICE(S) • Which Groupe Guilbault service(s) do you plan to use?

<input type="checkbox"/>	Freight (Transport Guilbault inc. and Transport International inc.)
<input type="checkbox"/>	Wharehousing (Entrepôt Idéal inc. and Idéal Centre Logistique Montréal inc.)
<input type="checkbox"/>	Logistic (Guilbault Logistique inc.)

As each of our companies are dictinctive, you will need to issue your payments to the company you will be billed by, depending on the service(s) used. No multi-company payments will be accepted.

GENERAL INFORMATION • Each of the fields below must be completed.

Company Legal Name			
Company Name (if different)			
Billing Address			
City		Province	
Postal Code		Country	
Phone		In Business Since (MM/YY)	
Main Activity			

ACCOUNTS PAYABLE CONTACT		Email	
Name		Phone	

BILLING EMAIL ADDRESS

Freight	Email	
Wharehousing	Email	
Logistic	Email	

PAYMENT METHOD		ESTIMATED ANNUAL SALES VOLUME (\$)	
Check		Freight	
Electronic Payment (EFT)		Wharehousing	
Credit Card		Logistic	

DOCUMENTATION REQUIRED FOR BILLING

Proof of Delivery		Bill of Lading	
Receiving Document		Shipping Document	
Other(s) (specify)			

ADMINISTRATORS OR SHAREHOLDERS

President Name	
Email	
V-P or Controller Name	
Email	



BANKING INFORMATION

Name of the institution			
Address			
City		Province	
Postal Code		Country	
Account Manager		Transaction Account #	
Email		Phone	

SUPPLIER REFERENCES

Supplier Name			
Email		Phone	
Supplier Name			
Email		Phone	
Supplier Name			
Email		Phone	

PAYMENT TERMS

Payment Terms: **Net 30 days** • Interest Rate: **2% Monthly or 26.8 % Annually**

STATEMENT AND AUTHORISATION

I, the undersigned, declare that the information provided in this credit application is true and accurate, that I am authorized to request the opening of an account with Groupe Guilbault Ltd and/or its affiliated companies. Furthermore, by signing this credit application, I authorize Groupe Guilbault and/or its affiliates to obtain from my financial institution, credit agencies or any other source, the information deemed necessary to open or maintain this account.

Hereby, we commit ourselves to respect credit terms described above.

_____	_____
Printed Name	Title
_____	_____
Authorized Signature	Date

RESERVED FOR THE ADMINISTRATION

Authorized Credit Limit	
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