



Aliments Tousain Inc  
95 rue Stinson  
Montréal, QC  
H4N 2E1

## Opening account/Credit application form

### IDENTIFICATION

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL \_\_\_\_\_

### FINANCIAL INFORMATION

BANK (NAME) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_  
CONTACT NAME \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_

### SUPPLIERS

SUPPLIERS (NAME)	ADDRESS	PHONE #	FAX #

### GENERAL INFORMATION

DELIVERY ADDRESS \_\_\_\_\_  
PHONE # \_\_\_\_\_  
OWNER'S NAME \_\_\_\_\_  
OWNER'S CELL NUMBER \_\_\_\_\_  
CONTACT NAME FOR ACCOUNT PAYABLE \_\_\_\_\_  
PHONE # \_\_\_\_\_ EXTENSION \_\_\_\_\_  
BUYER'S NAME \_\_\_\_\_  
PHONE # \_\_\_\_\_ EXTENSION \_\_\_\_\_  
CREDIT LINE DESIRED \$ \_\_\_\_\_  
ALCOHOL PERMIT # \_\_\_\_\_  
SALESMAN \_\_\_\_\_

I authorize Aliments Tousain Inc. to initiate a credit investigation of this company.

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please transmit the completed and signed form to : Fax 514-747-7483 ou Courriel credit @tousain.com