



SUPERIOR SOLUTIONS S.E.C
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 FAX. 450.759.3574
 INFO@SUPERIORSOLS.COM

ACCOUNT OPENING

PLEASE FILL IN ALL FIELDS IN BLOCK LETTERS

DESIRED BUSINESS BRANCH _____
 REPRESENTATIVE _____
 LINE OF BUSINESS _____
 PROJECTED ANNUAL PURCHASE _____ DESIRED CREDIT / MONTH _____
 AMOUNT _____

COMPANY INFORMATION

BILLING

CORPORATE NAME _____ INC. ENR. LTD
 BILLING ADDRESS _____
 OFFICE / ROOM / APARTMENT _____
 CITY _____
 PROVINCE _____ POSTAL CODE _____
 PHONE _____ FAX _____
 PRIMARY EMAIL _____

DELIVERY INFORMATION

DELIVERY ADDRESS _____
 OFFICE / ROOM / APARTMENT _____
 CITY _____
 PROVINCE _____ POSTAL CODE _____

CREDIT INFORMATION

I **would like** to obtain a credit limit. Please fill out the section below **completely**. A credit check will be performed.
 I **do not wish** to obtain a credit limit. No credit check will be made. You must pay at the time of purchase. A credit card can be added to the file.

FINANCIAL INSTITUTION _____
 FINANCIAL INSTITUTION ADDRESS _____
 CITY _____
 PROVINCE _____ POSTAL CODE _____
 PHONE _____ EXTENSION _____
 NAME DIRECTOR ACCOUNT _____

*****ATTACH A SPECIMEN CHEQUE WITH THE MENTION CANCELLED TO YOUR REQUEST *****

BANKING INFORMATION (REQUIRED IF CREDIT REQUESTED)	BRANCH / TRANSIT NUMBER (5 DIGITS)	FINANCIAL INSTITUTION NUMBER (3 DIGITS)	BANK ACCOUNT NUMBER
ACCOUNTS PAYABLE - CONTACT	_____	PHONE	_____
ACCOUNTS PAYABLE - EMAIL	_____		
PURCHASING - CONTACT	_____		
PURCHASING - EMAIL	_____	PHONE	_____

ORDER FORM REQUIRED YES NO

AUTHORIZED PERSONS TO THE
 ACCOUNTS

CLIENT CONSENT

We hereby consent to **Superior Solutions** completing a credit check, all in accordance with applicable laws. We declare that all information provided is true and authorize our financial institution to disclose the information necessary for **Superior Solutions** to complete its credit review.

TERMS OF SALE:



1. Payment for any sale is due, thirty (30) days after the date of purchase.
2. Service charge of 2% per month or 26.8% per year on any past due account.
3. 25\$ fee for any check returned by the bank.
4. Collection fee equal to 20% of the balance due if referred to a third party for collection.
5. The merchandise remains the property of Superior Solutions SEC until all invoices are paid in full.
6. Superior Solutions SEC reserves the right to refuse delivery to any customer who fails to comply with the terms listed above.

I further affirm that I have read and agree to the above credit terms and conditions.

Authorized signatory to the bank account	Date
Authorized signatory to the bank account	Date

A L'USAGE DU SERVICE DU CRÉDIT			
Date		Marge de crédit autorisée	
Numéro de client		Inscription par	

Please send the completed form to :

-  By email info@superiorsols.com
-  By fax 450.759.3574