



5225 John-Molson street, Québec, QC G1X 3X4
581-741-3233 - FAX : 581-741-3331

at your convenience

Opening or Changing an Account

Reserved for administration

Margin :

Territory :

GENERAL INFORMATION

Client # (in the case of an account change): _____

Billing and Name Address

Delivery Address

(Same as Billing Address)

Legal Name: _____ Address: _____

Company name: _____ City: _____

Address: _____ Province: _____ Postal Code: _____

City: _____ Special Instructions: _____

Province: _____ Postal Code: _____

#GSQ: _____ #QST: _____

OWNER'S INFORMATION

Name: _____

Tel.: _____ Mobile: _____

Email: _____

CONTACTS

Accounts payable

Buyer

Name: _____ Name: _____

Email: _____ Email: _____

Tel.: _____ Tel.: _____

Language: English French Language: English French

BILLING INFORMATION

Central billing

Banner:

Retailer Number/Stamp:

Independant billing

Payment Method

- Cheque On Receipt Of Goods
- Electronic Transfer Funds
- Credit Card

Yes, I would like to receive a password to make my online purchases?

Yes, I would you like to receive marketing communications?

GENERAL TERMS OF SALE

1. Distributions Franco products are guaranteed sale, except by prior agreement or for the products listed as final sale on the invoice;
2. During the business relationship, a "guaranteed sale" is a commitment by Distributions Franco to replace, free of charge, unsold items with products that are better suited to your customers;
3. The Customer agrees to follow the established retail prices marked on the products by Distributions Franco under penalty of losing their guaranteed sale privilege;
4. Retail prices and profit margins are subject to change;
5. The Customer must notify Distributions Franco of any missing, extra, or damaged items after shipping within three (3) business days of receipt;
6. The Customer must pay all amounts due upon receipt; a fee of 2% per month will be charged on all amounts that are past due;
7. Upon final closure of a customer account, refund requests will be subject to a 12% processing fee.

Name: _____ Title: _____

Authorized Signature: _____ Date: _____