



Account Application Form

Once **signed**, please return your application to us by email or by fax.

✉ openanaccount@denis.ca

☎ 1 800 648-3646

DATE _____

COMPANY	COMPANY NAME	TYPE	BUSINESS INDUSTRY	IN BUSINESS SINCE	NUMBER OF EMPLOYEES	
	_____	_____	_____	_____	OFFICE	OTHERS

ADDRESSES	ADDRESS			CITY	PROVINCE	
	_____	_____	_____	_____	_____	_____
	COUNTRY	POSTAL CODE	EMAIL	_____	PHONE	FAX
_____	_____	_____	_____	_____	_____	_____
SHIPPING ADDRESS	_____			CITY	PROVINCE	COUNTRY
_____	_____			_____	_____	POSTAL CODE
_____	_____			_____	_____	_____

INFORMATIONS	OWNER, PRESIDENT OR PROFESSIONAL'S NAME	BUYER'S NAME	ORDERS	AMOUNT REQUIRED MONTHLY?	PURCHASE ORDER REQUIRED?
	_____	_____		_____	_____
	PURCHASING MANAGER'S NAME	ACCOUNTS PAYABLE CLERK'S NAME		MONTHLY STATEMENT SENT TO	
	_____	_____		_____	
OTHER ACCOUNT NUMBER	CURRENT SUPPLIER	_____	EMAIL	_____	
_____	_____	_____	_____	_____	

BANK	MAIN BANK NAME	ADDRESS	CITY		
	_____	_____	_____		
ACCOUNT NUMBER	FOR HOW MANY YEARS?	PROVINCE	COUNTRY	POSTAL CODE	PHONE
_____	_____	_____	_____	_____	_____

SUPPLIERS	1ST SUPPLIER	EMAIL	PHONE	FAX
	_____	_____	_____	_____
	2ND SUPPLIER	EMAIL	PHONE	FAX
_____	_____	_____	_____	
3RD SUPPLIER	EMAIL	PHONE	FAX	
_____	_____	_____	_____	

I agree to respect the term NET 30 DAYS and authorize Denis Office Supplies and Furniture Inc. to obtain or exchange personal information with any personal information agent towards establishing or verifying my financial standing.

REQUIRED

Signed: _____

Title: _____

OFFICE USE ONLY	CREDIT OFFICE	CREDIT LIMIT		
	_____	_____	_____	_____
NUMBER	PRODUCT AND SERVICE CONSULTANT (INTERNAL)	NUMBER	CORPORATE SALES REPRESENTATIVE	
_____	_____	_____	_____	_____

THE OFFICE EXPERTS