



CUSTOMER FILE OPENING AND CREDIT REQUEST

IDEI (III I	CATION					
Commercial name:						
Business name:						
Address:	City:					
Postal code: Phone:	Fax:					
If the delivery address is different from the one indicated above:						
Address: Postal code: Phone: Phone:	City:					
Business activity:	In operation since:					
Type of company: Incorporated \Box Registered \Box						
G.S.T. #.:	Q.S.T. / H.S.T. #.:					
Member of a buying group program: Yes □ No □						
Name of program:	Member #:					
Building: Owner Tenant Name of the second (if the second)						
Name and phone number of owner (if tenant):						
Purchasing manager:						
Phone:	Email:					
Web Mobile:	Web email:					
Book-keeping manager:						
Phone:	Email:					
Account statement: Yes □ No □	Email:					
CDVDVII	NO VIDOR					
	REQUEST					
Shareholders (owners):						
1) Name:	\mathbf{p}					
	Participation (%):					
Address:	City:					
Address:Postal code:	City:Phone:					
Address: Postal code: Date of birth:	City:Phone:Social ins. number:					
Address:Postal code:	City:					
Address: Postal code: Date of birth: 2) Name: Address:	City:					
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Address: Postal code: Date of birth: 2) Name: Address: Postal code: Date of birth: Annual revenue (\$): Payment term (days): Payment method: Pre-authorized debit Online	City:					
Address: Postal code: Date of birth: 2) Name: Address: Postal code: Date of birth: Annual revenue (\$): Payment term (days): Payment method: Pre-authorized debit Online Financial institution:	City:					
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Address: Postal code: Date of birth: 2) Name: Address: Postal code: Date of birth: Annual revenue (\$): Payment term (days): Payment method: Pre-authorized debit □ Online Financial institution: Address: Postal code: Folio #: ***Please include a void cheque.	City:					
Address: Postal code: Date of birth: 2) Name: Address: Postal code: Date of birth: Annual revenue (\$): Payment term (days): Payment method: Pre-authorized debit □ Online Financial institution: Address: Postal code: Folio #: ***Please include a void cheque. Credit references:	City: Phone: Social ins. number: Participation (%): City: Phone: Social ins. number: Annual purchases (\$): Credit limit (\$): payment □ Cheque □ Account manager: City: Phone: Account #:					
Address: Postal code: Date of birth: 2) Name: Address: Postal code: Date of birth: Annual revenue (\$): Payment term (days): Payment method: Pre-authorized debit □ Online Financial institution: Address: Postal code: Folio #: ***Please include a void cheque.	City:					

This document contains the terms and conditions governing the use of the credit privilege granted by Alimplus Inc. (Mayrand Plus) to which your company (hereinafter referred to as the "Customer") and its officers expressly accept and agree to abide:

- 1. This credit privilege may be cancelled at any time, at the discretion of Alimplus Inc. (Mayrand Plus), without prior notice.
- 2. Interest and/or administration fees of 2% per month, or 24% per year, will be applied on all overdue invoices.
- 3. The Customer also agrees to pay, in addition to legal fees, an amount equivalent to 25% on any overdue account transmitted to the competent authorities for collection, without prior notice.
- 4. The Customer shall promptly notify Alimplus Inc. (Mayrand Plus) of any change of address and/or owner/shareholder and/or sale of business/assets and/or financial institution.
- 5. An amount of \$40.00 will automatically be debited from the Customer's account for each payment returned by the Customer's financial institution (amount subject to change without notice).
- 6. All delivered merchandise remains the property of Alimplus Inc. (Mayrand Plus) until full payment of the invoice.
- 7. It is expressly agreed that the Customer will maintain, at its own expense, sufficient insurance, at all times, on its merchandise inventory and accounts payable. Should damages occur, the Customer expressly undertakes to instruct its insurer to issue a cheque directly to the order of Alimplus Inc. (Mayrand Plus) for any amount due in the event of a claim.
- 8. Delivery is carried out either by drop-off of the goods directly to the Customer, or at the place indicated by the Customer on this form. At the time of delivery, the Customer acknowledges and agrees that it is required to verify the quantity and condition of the delivered merchandise according to its order. Responsibility for the risks of loss and breakage of goods is then the responsibility of the Customer once delivered.
- 9. The Customer and its officers authorize Alimplus Inc. (Mayrand Plus) and its agents to investigate, procure and obtain from financial institutions, Equifax or TransUnion, among others, to retain at the office of Alimplus Inc. (Mayrand Plus) and to exchange details concerning all useful information, for the establishment of its solvency when opening its file and also to maintain its credit file during the business relationship. At the same time, it authorizes all persons concerned to provide Alimplus Inc. (Mayrand Plus), in a complete and diligent manner, all the information required and release it from any liability as to the effect of such information. The Customer and its officers declare that all information provided on this application is true.
- 10. This form bearing the signature(s) in original or copy format, either by facsimile or fax, is as valid as an original.
- 11. With a view to the execution of this deed or the exercise of the rights resulting therefrom, the parties hereto elect domicile in the judicial district of Bedford, in the province of Quebec.
- 12. Each of the signatories acting for and in the name of a legal person and/or company is personally, jointly and severally liable as guarantor of said legal person and/or company towards Alimplus Inc. (Mayrand Plus), for the payment of all sums due or that could be due to it in capital, interest, incidental expenses and all obligations included herein, and renounces to the benefits of discussion and division.

The Customer and each of the undersigned attest to their ability and consent to enter into the present agreement, acknowledge having read all the clauses herein and declare themselves entirely satisfied therewith.

1) Name (please print)		Signature	Date	Date		
2)	Name (please p		Signature	Date		
\rightarrow	I agree to receive the Alimplus Inc. (Mayrand Plus) newsletter, which includes news, updates and promotion regarding Alimplus Inc. (Mayrand Plus) products. You may withdraw your consent at any time.					
	I consent Email:			I do not consent □		
			ADMINISTRATIVE	USED ONLY		
Cli	ient #:		Created by:	Date:		