



ship**ENERGY**.com/**USA** 1-866-312-1314

DATE:/	ACCOUNT OPENING REQUEST OR FILE REVISION	
Business name:Address:		Corporation
Secretary-Treasurer: Accounts Payables:	Family Name	Sales (last 12 months):(\$- in thousands)
In the case of a sole (only) owner or an Name: Employer: S.I.N.:		Residential Address: Address of the Employer: Date of birth://
Other information Bank: Account No.: References (Suppliers, Loan Agencies)		
Amount of foreseen monthly purchases: G.S.T. No.:		Required credit limit :\$ P.S.T. No.:

SPECIAL AUTHORISATION

Name (in capital letters)

Title

I declare the above-mentioned information to be true.

Signature