



Account Opening Form

COMPANY NAME:		INVOICING ADDRESS:	
		STREET	STATE/COUNTRY
THE SERVICE PROVIDED MUST BE DONE ACCORDING TO THE? <input type="checkbox"/> CANADIAN GMP <input type="checkbox"/> U.S GMP <input type="checkbox"/> _____ GMP <input type="checkbox"/> N/A		CITY/TOWN	ZIP CODE
E-MAIL ADDRESS FOR RECEPTION OF INVOICES		FAX	PHONE

NAME OF OWNER OR PRESIDENT:	IN BUSINESS SINCE:	MONTH	YEAR
RESPONSIBLE OF FINANCES:	INVOICING CURRENCY:	<input type="checkbox"/> CAD	<input type="checkbox"/> USD
RESPONSIBLE OF ACCOUNTS PAYABLE:	CREDIT LIMIT REQUESTED:	\$	
RESPONSIBLE OF ANALYSIS REQUESTS:	PURCHASE ORDER REQUIRED:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

BANK REFERENCES (IMPORTANT : PLEASE PROVIDE ALL THE REQUESTED INFORMATION)			
NAME OF YOUR BANK	COMPLETE ADDRESS		
TRANSIT #	ACCOUNT #	PHONE	FAX

SUPPLIERS REFERECES (IMPORTANT : PLEASE PROVIDE ALL THE REQUESTED INFORMATION)				
1	NAME OF SUPPLIER	COMPLETE ADDRESS		
	PHONE	FAX	E-MAIL ADDRESS	CONTACT PERSON

2	NAME OF SUPPLIER	COMPLETE ADDRESS		
	PHONE	FAX	E-MAIL ADDRESS	CONTACT PERSON

3	NAME OF SUPPLIER	COMPLETE ADDRESS		
	PHONE	FAX	E-MAIL ADDRESS	CONTACT PERSON

AUTHORIZATION OF CREDIT INQUIRY AND ACCEPTANCE OF SALE AND CREDIT CONDITIONS	
<p><i>I hereby authorize JP LABORATORIES to conduct a credit assessment of our company. I declare to have read, understood and accept the terms of sales and credit described below. I also declare that I am an authorized representative of this company. Terms of payment are: net 30 days, a service charge of 2% per month payable in respect of any account balance not paid. The customer hereby agrees to pay all collection costs and/or legal fees relating to this account if such measures are necessary due to non-payment.</i></p>	
NAME AND TITLE	SIGNATURE

PLEASE COMPLETE THIS FORM AND RETURN THE ORIGINAL SIGNED COPY.