



ACCOUNT APPLICATION  
RETURN BY  
  
FAX TO 514-337-4877  
OR  
ADMIN@QUICKSILVEREXPRESS.CA

SALES REP: \_\_\_\_\_  
ACCOUNT #: \_\_\_\_\_

**LEGAL NAME OF ENTITY:** \_\_\_\_\_  
**D.B.A.** \_\_\_\_\_ **D-U-N-S # (Optional)** \_\_\_\_\_  
**PARENT COMPANY OR AFFILIATE** \_\_\_\_\_  
**BILLING ADDRESS**  
 \_\_\_\_\_  
*Street address* \_\_\_\_\_ *City* \_\_\_\_\_ *Province* \_\_\_\_\_ *Postal Code* \_\_\_\_\_  
**PHONE NUMBER** \_\_\_\_\_ **FAX NUMBER** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_ **WEBSITE** \_\_\_\_\_  
**PRIMARY BUSINESS TYPE** \_\_\_\_\_ **PRODUCT COMMODITY** \_\_\_\_\_ **KEY DECISION MAKER** \_\_\_\_\_  
**OPERATING SINCE UNDER THIS NAME** \_\_\_\_\_ **Day/Month/Year** \_\_\_\_\_ **INDUSTRY EXPERIENCE** \_\_\_\_\_  
**MONTHLY CREDIT** \$ \_\_\_\_\_ **WEEKLY USAGE** \$ \_\_\_\_\_ **PO#** \_\_\_\_\_ **POD REQUIRED** \_\_\_\_\_  
**TYPE OF SERVICE REQUIRED**  
**TRUCK – INTERMODAL**  **COURIER**  **AIR**  **SEA**  **WAREHOUSE**  **R/L – F/L**  **SOFTWARE**   
**PRESENT SERVICE PROVIDER** \_\_\_\_\_ **CUSTOMS BROKER** \_\_\_\_\_ **US/CAN IMPORTER?** \_\_\_\_\_  
**A/P CONTACT** \_\_\_\_\_ **TEL #** ( ) \_\_\_\_\_ **E-MAIL** \_\_\_\_\_  
**G.S.T. #** \_\_\_\_\_ **P.S.T. #** \_\_\_\_\_ **MAJORITY EXEMPT** YES  NO

**SECTION 1 - TO BE COMPLETED BY CUSTOMER**

OFFICERS, PARTNERS, OR OWNERS (PLEASE USE ADDITIONAL SHEETS IF REQUIRED)		ADDITIONAL SHEETS ATTACHED	YES	NO
NAME	_____	DATE OF BIRTH	_____	_____
ADDRESS	_____	S.I.N.# (Optional)	_____	_____
NAME	_____	DATE OF BIRTH	_____	_____
ADDRESS	_____	S.I.N.# (Optional)	_____	_____

**SECTION 2 - BANKING INFORMATION TO BE COMPLETED BY CUSTOMER**

**FINANCIAL INSTITUTION** \_\_\_\_\_ **TRANSIT #** \_\_\_\_\_ **ACCOUNT #** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **PROVINCE** \_\_\_\_\_ **POSTAL CODE** \_\_\_\_\_  
**PHONE #** \_\_\_\_\_ **FAX #** \_\_\_\_\_ **BANK CONTACT** \_\_\_\_\_  
**ACCOUNT OPENED UNDER WHAT COMPANY NAME** \_\_\_\_\_

**SECTION 3 – TRADE REFERENCES TO BE COMPLETED BY CUSTOMER**

COMPANY NAME	CITY	PROVINCE	TEL	FAX	ACCOUNT #

The Client hereby expressly authorizes QUICKSILVER ( 9140-8294 Quebec Inc ). and/or its credit bureau to obtain, verify and communicate with financial institutions, credit agencies and suppliers all relevant information necessary to allow the opening of an account, and to proceed from time to time with a review of the account. Any person or corporation above mentioned are expressly authorized by the Client to provide all necessary information for the purposes of the present agreement.

I, hereby, representing the above company completed the account application for Quicksilver ( 9140-8294 Quebec Inc )  
**SIGNED BY** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**INTERNAL USE ONLY**

ACCOUNT NUMBER	CREDIT TERMS	CREDIT LIMIT	APPROVED BY	DATE
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