

**Please return this form to:** 

Email: <u>memelectronique@gmail.com</u> Fax: 514-322-1700

Account opening demand

In order to update our records, or to include you in our client index, please complete and return this form as soon as possible.

Under our policy, any requests that do not comply with the requirements will be returned to you, at your expense, for correction.

- You must enter your PO number on each of your repair requests or parts orders. Names will not be accepted as reference or order number.
- All other requests and/or payment notices must be sent to memelectronique@gmail.com or by fax at 514-322-1700.

\*\*\*Accepted methods of payment are: cheques, EFT, Interac e-Transfer, cash. We do not accept cards.\*\*\*

Customer Name: Name and contact information of the company to be billed:	
Name :	
Adress :	Postal Code :
Phone number :	Fax :
Communication Accounts payable	
Name :	
Phone number :	
Email adress :	
Business type	Delivery address (if different)
self-employment	Company :
Company	No :
Professional	Street :
Car Dealer	Province :
U Other - Specify:	Postal Code :
Declaration	
I declare that all informations provided are accurate.	
NAME	SIGNATURE