



REQUEST TO OPEN AN ACCOUNT  
**Orders will be processed upon reception  
of this form**

715 Delage St, Suite 700  
Longueuil, QC, J4G 2P8  
Canada  
Tel: 1-877-354-2020  
Fax: 1-877-354-0110  
service@autruche.ca

Trading name: _____	TAX ID # _____ <b>(mandatory for customs purposes)</b>
Registered business name (if different) _____	

Full address: _____	Telephone: _____
_____	Fax: _____
_____	E-mail: _____

Invoice To (If different from above)
_____
_____

Ship To (If different from above)
_____
_____

Name of Owner: _____	
Address: _____	
In business since: _____	Telephone: _____

Buyer's name: _____	Payable Contact: _____
Nature of business: _____	Seasonal: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are premises: <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Rented	

Card holder name: _____	
Credit card # _____	CVV # _____
Exp: _____	<input type="checkbox"/> For this order only <input type="checkbox"/> Perpetual Pre-Authorisation



Sorry, we do not accept  
American Express

References (if not using perpetual Pre-Authorisation credit card)	
Company Name: _____	Telephone: _____
E-mail: _____	Fax: _____
Company Name: _____	Telephone: _____
E-mail: _____	Fax: _____
Company Name: _____	Telephone: _____
E-mail: _____	Fax: _____

**MERCHANDISE REMAINS PROPERTY OF AUTRUCHE UNTIL COMPLETE PAYMENT OF INVOICE**

Signature (owner or buyer)

Full Name

Date