



ACCOUNT OPENING FORM

Business Name			
Address		City	Postal Code
Telephone		Fax	Cell phone
Type of business			In business since
Have you ever filed for bankruptcy?			

Business manager name		Phone
Business Shareholders		
Name		Percentage

Buyer name	
Telephone	Email
Accounts payables contact	
Telephone	Email
Payment Type	<input type="checkbox"/> Cheque <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Credit Card

Bank name	
Account number	
Account manager name	
Telephone	Email

Suppliers references				
Name	Address	Telephone	Email	Monthly balance

The customer authorizes Starrforest inc. to obtain the information required for the present application. It expressly authorizes any person to whom the information will be requested to be communicated to Starrforest inc.

Signature: _____ Date: _____
Print Name: _____ Title: _____