

## RESIDENTIAL ACCOUNT OPENING

Code client : \_\_\_\_\_

### 1. Personal information

Date : \_\_\_\_\_

Applicant		Co-applicant	
Name		Name	
Date of birth		Date of birth	
Phone numbers	Cell. : _____ Work : _____ Home : _____	Phone numbers	Cell. : _____ Work : _____
Billing address		Work address (if different)	
Address		Address	
City		City	
Postal code		Postal code	
Owner of the work address		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Language of correspondence			
<input type="checkbox"/> English		<input type="checkbox"/> French	
Other informations			
E-mail _____			
Do you accept to receive your bills and statements by e-mail ? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you accept to receive Goyer Plumbing newsletter by e-mail ? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, please sign : _____			

### 2. Request

For Goyer Plumbing \_\_\_\_\_

Credit limit asked	\$ _____	Deposit	Cash	<input type="checkbox"/>	Interact	<input type="checkbox"/>
		\$ _____	Credit card	<input type="checkbox"/>	Check	<input type="checkbox"/>

### 3. Banking information and employment situation

Bank	Name	City	Account number
Job	Employer	Occupation	Since

### 4. Survey

Please, tell us how you know about Goyer Plumbing.

Family/Friends	<input type="checkbox"/> Name:	Phone book	<input type="checkbox"/>	GazMétro	<input type="checkbox"/>
Other	<input type="checkbox"/> Details:	Internet	<input type="checkbox"/>	Advertising	<input type="checkbox"/>

### 5. Conditions

I understand that the labour, beginning from the departure to arrival of the employee from the local offices at 150 Sherbrooke Street in Cowansville will be invoiced at the hourly rate. For emergencies, the hourly rate will be calculated from the time the employee leaves his residence to the time of his arrival back to his residence and a special rate will apply.

I understand that all specific equipments used for the work will be invoiced as per rental.

By signing this request, I authorize Goyer Plumbing Inc. to obtain information about my credit and my financial situation from credit information agency, financial institution, employer or any other person who might have such information. If I don't pay my purchases according to terms and conditions in force (30 days net of the billing date for parts and labour), I accept to pay to Goyer Plumbing Inc. on any suffering debt, a charge of 2% per month (24% annual).

Applicant signature		Sale representative	
Co-applicant signature		Authorized by	