



REQUEST TO OPEN A BUSINESS ACCOUNT

Client Copy



Company: Trading name:	Invoice address: Delivery address:	Telephone: Fax: Mobile:
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Email:

N° Client account:	SIRET:
Representing:..... APE/NAF Codes:..... Main activity:..... Director's name:..... Name of buyer:..... Business code:.....	Mandatory reference code :.....(Y/N) 1 invoice per delivery note:.....(Y/N) List price:.....(Y/N) End of month statement :.....(Y/N) N° of copies of invoice: Payment conditions: Automated bill of exchange at 30 days end of month the 15 th (agreement according to SFAC funds)

Origin of contact: (please choose)	By salesperson	Visit by client	Third party
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Date company founded: / /

Director's background (if firm <1 year):

Annual gross turnover:..... N° of employees:

Type of clientele:.....

Documents to include: **Official copy of KBIS (if founded <1 year)**
Bank account details (obligatory)

The client acknowledges our terms and conditions on the following page and, in particular, the retention of ownership clause. These general terms and conditions, including the retention of ownership clause accepted by the client, will be immediately applicable on acceptance by our credit service of the request to open an account.		
I, the undersigned, Mr/Mrs/Ms authorise the bank to pay all the notes that will be presented by Paris Portes to the debit of my account.		
Client Signature	Company stamp	Director's Signature

NB: 1st page: client copy. 2nd page: Paris Portes

No order will be accepted unless this document and the requested documents have been returned.