



DALS LIGHTING INC.

80 boul. de La Seigneurie East, Blainville, QC, J7C 4N1

T: 450-430-1818 F: 450-430-1850

www.dals.com

RE: ACCOUNT OPENING WITH DALS LIGHTING INC.

To Whom It May Concern:

Thank you for your interest in our products! In order to get your account set-up in our system and orders processed, we will need some additional information from your company.

To establish a credit limit, we ask that you please fill out the Account Opening Form located on the second page of this document. Once this form is completed, please send it back to us by email and we will make sure that all the information is treated promptly to avoid any delays in processing your order.

Thank you for your cooperation

Regards, Accounting department
Email : ar@dalslighting.com



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ACCOUNT OPENING FORM

DATE: _____

NAME OF COMPANY: _____

ADDRESS: _____

TEL. #: _____ FAX #: _____

DATE BUSINESS COMMENCED: _____

BILLING DEPARTMENT(email): _____

EMAIL (all order confirmations would be sent to this address): _____

EMAIL (all tracking numbers would be sent to this address): _____

IRS NUMBER (USA only): _____

REQUEST CREDIT LIMIT: _____

NAME OF BANK: _____

ADDRESS: _____

NAME OF MANAGER: _____

TELEPHONE #: _____ EMAIL: _____

CREDIT LINE \$: _____

ACCOUNT #: _____

PRINCIPAL TRADE REFERENCES

1. NAME: _____

ADDRESS: _____

CONTACT NAME: _____ EMAIL: _____

2. NAME: _____

ADDRESS: _____

CONTACT NAME: _____ EMAIL: _____

3. NAME: _____

ADDRESS: _____

CONTACT NAME: _____ EMAIL: _____

We, hereby authorize you to disclose information regarding our bank account to the above-captioned company.

SIGNATURE: _____ TITLE: _____