


OPEN ACCOUNT REQUEST **USA** (CONFIDENTIAL)

Return by fax: 514-363-9494 or email to: ar@champlainplastics.net



Company Name: _____
Address: _____
City: _____ State: _____
Zip Code: _____ Country: _____
Tel.: _____ **Please include:**
Fax: _____ 
Email address: _____ Website: _____
Number of years
in business: _____ Activity: _____
Name(s) of Principle(s): _____

Shipping Address *(if different)*: _____
City: _____ State: _____
Zip Code: _____ Country: _____
Tel.: _____ Fax: _____

Agent: _____
Customer Group: _____
Price Level: _____

IRS #: _____

Transport/Freight Company: _____
Account #: _____

Please ask your purchasing department how much they expect to purchase from our company each **month**: \$

Name, address, telephone / e-mail of your three (3) principal suppliers: (no Brokers or Freight companies)

1) Company Name: _____
Address: _____
Tel.: _____ E-mail: _____

2) Company Name: _____
Address: _____
Tel.: _____ E-mail: _____

3) Company Name: _____
Address: _____
Tel.: _____ E-mail: _____

Order Desk:

87 Pillsbury Road, Rouses Point, NY 12979
Tel: (518) 297-3700 ext: 473 • Fax (518) 297-3777
E-mail: csrusa@champlainplastics.net

Accounting:

200-2500 Senkus, LaSalle, QC H8N 2X9
Tel: (514) 363-0210 • Fax (514) 363-9494
E-mail: ar@champlainplastics.net

Toll free: 800-660-4135
www.champlainplastics.com