



3555, rue Ashby  
St-Laurent Qc H4R 2K3  
Phone: 514-379-1006

**NEW ACCOUNT**

**Toll free: 1-800-464-0622**

**Fax: 514-379-1052**

Return this application by:

Fax: 5514-379-1052  
Email: info@recycan.qc.ca

Date: \_\_\_\_\_  
day / month / year

**BUSINESS INFORMATION (if different)**

# Phone: _____	Correspondence: <input type="checkbox"/> Email <input type="checkbox"/> Fax
# Fax: _____	Email: _____
Owner since: _____ day / month / year	Business type: <input type="checkbox"/> INC <input type="checkbox"/> ENR <input type="checkbox"/> LTEE
<b>Business name:</b> _____	
<b>Address for pick up:</b>	
Address: _____	<b>Mailling address (if différent)</b>
City: _____	Address: _____
Zip code: _____	City: _____
Opening hours: _____	Zip code: _____
#GST: _____	#QST/PST: _____

**BANKING INFORMATION / PAYMENT BY DIRECT DEPOSIT**

Branch/Transit no : [ ][ ][ ][ ][ ][ ]	Bank no : [ ][ ][ ]
Account no: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	001
ACCOUNT HOLDER NAME STREET ADDRESS CITY, PROVINCE POSTAL CODE	
DATE _____	
PAY TO THE ORDER OF _____	VOID \$ [ ] 100 DOLLARS
BANK NAME BANK STREET ADDRESS BANK CITY, PROVINCE POSTAL CODE	
⑈ 00 11 ⑈ ⑆ 05550 ⑈ 004 ⑈ ⑆ 27864 182 178 ⑈	
Branch / Transit Number	Bank Number
	Account Number

**CONFIRMATION OF THE INFORMATION**

Last name: _____ <i>(capital letters)</i>	First name _____ <i>(capital letters)</i>
Signature: _____	
<i>* I authorize Recycan to deposit the amounts due to my bank account at the financial institution designated above.</i>	

**TERMS AND CONDITIONS**

THE PAYMENTS ARE DONE EVERY MONDAY DIRECTLY IN YOUR ACCOUNT.  
PLEASE TAKE NOTE THAT WE CAN ONLY DEPOSIT IN YOUR BANK ACCOUNT.  
NO WITHDRAWAL CAN BE DONE.