

MODIFICATION

3555, rue Ashby St-Laurent Qc H4R 2K3

Phone: 514-379-1006 Toll free: 1-800-464-0622 Fax: 514-379-1052

Return this application b	b <u>y:</u> Fa Ema			Date:	day / month / year
BUSINESS INFORMATION (if different)					
# Phone:			Correspondence:	Email	Fax
# Fax:			Email:		
Owner since:	day / month /	year	Business type:	INC	ENR LTEE
Business name:					
Address for pick up:			Mailling address (if	<u>différent)</u>	
Address:			Address:		
City:			City:		
Zip code:			Zip code:		_
Openning hours:					
#GST:			#QST/PST:		
	BANKING INFORM	ATION / PAYME	NT BY DIRECT DEP	POSIT	
Branch/Transit no :				Bank no :	
Account no:	ACCOUNT HOLDER NAME STREET ADDRESS CITY, PROVINCE POSTAL CODE		DATE		001
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	BANK NAME BANK STREET ADDRESS BANK CITY, PROVINCE POSTAL COD	E			
		550 •• 004	. 127864182 Account	178"	
		MATION OF THE			
	CONFIR	WATION OF THE	E INFORMATION		
Last name:	First name(capital letters) (capital letters)				ital letters)
Signature:				-	.
* I a	authorize Recycan to deposit th	•		tution designated ab	ove.
	THE PAVMENTS ARE	DONE EVERY MON	NDAY DIRECTLY IN YO	UR ACCOUNT	

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.