



New Dealer Account opening

Date: _____

Name: _____

Authorized person to sign the contract: _____

Address : _____

City : _____ Postal Code : _____

Phone : _____ Fax : _____

Account Receivable: _____

Business type: _____

In business since when: _____ Credit requested: _____

Taxes numbers: Federal: _____ Provincial: _____

Owner or Manager name: _____

Shareholders Name and address: _____

Financial Institution name: _____

Contacts: _____

Address: _____

Phone: _____ Account number : _____

Main suppliers:

Name	Address	Phone	Fax
------	---------	-------	-----

1. _____

2. _____

3. _____

We hereby authorize HÉLIO VR (9299 5000 Québec Inc.) to get all necessary inquiries on our credit for the approval of this request via Accès Cr dit.

_____ Date : _____

Authorized signature

NB: Helio is not offering floorplans programs (TCF, Northpoint, Wells Fargo, etc.)

Please return by e-mail: irlacroix@heliovr.com or by fax at (450) 586-2394

Thank you!