

ACCOUNT OPENING FORM

April 2024

This form must be completed, signed and returned to us by e-mail at invocation@invocation.ca.
We promise to keep all information confidential.

Compagny Name

Banner

Owner's name

Contact

Contact title

Phone Cellular.....

E-mail

Website

Facebook Other

Billing Address

Country

Address 1

Address 2

City

Province/State Postal Code.....

Delivery address (if different from billing address)

Country

Address 1

Address 2

City

Province/State Postal Code.....

Method of payment

Credit Card

Bank transfer

Interac e-Transfer

Desjardins – Transit : 20030 – Institution : 815 – # compte : 161 555 8
Interac e-transfert: laurence@invocation.ca – Security question's answer : blue

By signing this form, I acknowledge that this is a written statement authorizing Invocation Inc to obtain or exchange information on my creditworthiness with third parties, including credit agencies, financial institutions or any other person with whom I have or may have financial ties.

I acknowledge that I have read the policies and methods of payment and accept them.

Date :

Compagny : Signature :

Signed by (name and title in block letters)

Credit card authorization (optional)

Compagny Name

Registration number

Credit card number

Name on credit card

To keep your payment information confidential, it is fragmented and protected by restricted access. You will only be asked for your expiry date and card identification number when you make your first payment.

I authorize Invocation Inc to use and debit this card to pay invoices to my company listed above. I agree to pay all invoices debited from my business account in accordance with the cardholder agreement with the issuing bank.

Date :

Signature : Signed by (name and title in block letters)

*Thank you for your commitment to a healthier world
Welcome to Invocation!*