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Opening Hours: Monday - Thursday : 9:00 - 12:15 & 13:00 - 17:30 (Eastern Time)  
Friday: 8:00 - 12:15 & 13:00 - 16:30

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## CUSTOMER ACCOUNT APPLICATION

Company	_____	Phone	_____
Address	_____	Fax	_____
City	_____	Contact	_____
Province / State	_____	Email	_____
Postal or Zip Code	_____	Cell Phone	_____
Country	_____	Website	_____

### TEAM

Owner	_____	Email	_____
Service Manager	_____	Email	_____
Parts Manager	_____	Email	_____
Accounts Payable	_____	Email	_____

### MACHINERIES

Case \_\_\_\_\_  
John Deere \_\_\_\_\_  
New Holland \_\_\_\_\_  
Massey Ferguson \_\_\_\_\_  
Other \_\_\_\_\_

### DAIRY

Boumatic \_\_\_\_\_  
De Laval \_\_\_\_\_  
GEA / Westfalia \_\_\_\_\_  
Bulk Tank \_\_\_\_\_  
Other \_\_\_\_\_

I certify by the bias of this letter that our company takes complete responsibilities in regards of:

- Making the appropriate diagnosis
- Ordering the good part number
- Recalibrating as needed
- Configuring as needed
- Downloading the proper software

\_\_\_\_\_  
Name & Signature