

Authorization Form Account manager

Complete each section if you wish to add the name of a person who represents your company as account manager. Fields marked with an asterisk (*) are mandatory.

Please note that only a person whose name is included in the list of directors in the Registre des entreprises du Québec (REQ) or is authorized by the relevant organization may fill out and sign this form.

Company information			
Name of company*			
Costumer number*	Québec enterprise number (NEQ)*		
Information about the p	person authorizing this relationship	ט	
Last name, first name*		Title*	
Telephone number* Ext.		Email address*	
Information about the a Check box if same person Last name, first name*	account manager to be added to the n as in previous section	e file Title*	
Telephone number* Ext.		Email address*	
Authorization			
I authorize the accour company accounts, e	nt manager, whose contact informatifective/(\gammay^	tion is listed above, to act as an authorized repres	sentative for all
I hereby declare that I a	nm authorized to submit this reques	st and that the information provided is correct.	
Signature*		Date	
	ase sign this form and e-mail it to hdiadmin	nistrateurprincipal @hydro.qc.ca ccursale Centre-ville, Montréal (Québec) H3C 4T3	