



CREDIT APPLICATION

Please complete all requested fields to accelerate credit application.

Company legal name _____

Business name (if different) _____

Billing

Installation

Address _____

Address _____

City _____

City _____

Province _____

Province _____

Postal code _____

Postal code _____

Telephone _____

Telephone _____

Fax _____

Fax _____

No. of year in business _____

Purchaser _____

Business activity _____

Occupation space Owned Rented

Use purchase order numbering Yes No

Name of bank _____

Address _____

City _____ Province _____ Postal code _____

Contact person _____ Telephone _____ Fax _____

Account number _____



References (suppliers)

1. _____

2. _____

Tel. _____

Tel. _____

Contact _____

Contact _____

1. _____

2. _____

Tel. _____

Tel. _____

Contact _____

Contact _____

Company manager / president _____

Credit requirements → Monthly : \$ _____ Yearly : \$ _____

If applicable, provincial tax exemption no. : _____

Credit terms are Net 30 days, delinquent accounts will be charged an additional 2% monthly (24% annually) interest on the outstanding balance. Should the client default, the client will be held responsible for any fees associated with the collection or legal action related to the recovery of the outstanding amount.

I declare that all information provided is true and complete. I authorize the exchange and research of information pertaining to the credit references. I accept the afore mentioned terms and conditions.

Signature

Title and date

It is understood that the undersigned is an authorized signing officer and is authorized by the applicant to act on its behalf. In the event at default on payment, the undersigned will be held responsible for any outstanding balance and associated recovery fees.

Witness

Signature of manager

Title of manager