



# CREDIT APPLICATION

4046 rue de l'orchide, Saint-Bruno, QC, Canada J3V 6J9

**Please fax this form to :**  
Roberto Lara  
Fax # : (450)-441-9167  
Tel # : (450)-441-5408

## COMPANY IDENTIFICATION

**Company name:** \_\_\_\_\_

**Billing address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tel. # :** \_\_\_\_\_

**E-mail :** \_\_\_\_\_

**Shipping address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fax. # :** \_\_\_\_\_

**Website :** \_\_\_\_\_

### **PERSON RESPONSIBLE FOR : (Please print)**

**Accounts payable:** \_\_\_\_\_

**Product Mgr. :** \_\_\_\_\_

**Purchasing :** \_\_\_\_\_

**Marketing Mgr. :** \_\_\_\_\_

**Number of years in business :** \_\_\_\_\_

**Tax exemption numbers (if applicable) :** \_\_\_\_\_

### **for U.S. CUSTOMERS ONLY**

**State :** \_\_\_\_\_ **Local :** \_\_\_\_\_

**I.R.S. :** \_\_\_\_\_ **(required by U.S. Customs)**

## REFERENCES

### **BANK REFERENCES (Please Print)**

**Name :** \_\_\_\_\_

**Tel. # :** \_\_\_\_\_ **Fax #. :** \_\_\_\_\_

**Contact :** \_\_\_\_\_

**Address :** \_\_\_\_\_  
\_\_\_\_\_

**Account Number :** \_\_\_\_\_

### **SUPPLIER REFERENCES (Please Print)**

**1. Name :** \_\_\_\_\_

**Tel. # :** \_\_\_\_\_ **Fax #. :** \_\_\_\_\_

**Address :** \_\_\_\_\_  
\_\_\_\_\_

**Contact :** \_\_\_\_\_

**2. Name :** \_\_\_\_\_

**Tel. # :** \_\_\_\_\_ **Fax #. :** \_\_\_\_\_

**Address :** \_\_\_\_\_  
\_\_\_\_\_

**Contact :** \_\_\_\_\_

**3. Name :** \_\_\_\_\_

**Tel. # :** \_\_\_\_\_ **Fax #. :** \_\_\_\_\_

**Address :** \_\_\_\_\_  
\_\_\_\_\_

**Contact :** \_\_\_\_\_

## TO BE SIGNED BY A SIGNING OFFICER OF THE COMPANY.

**Signature :** \_\_\_\_\_

**Printed name :** \_\_\_\_\_

**Title :** \_\_\_\_\_

**Date :** \_\_\_\_\_

\* **NOTE :** *OUR TERMS ARE NET 30 DAYS  
ACCOUNTS NOT SETTLED WITHIN 30 DAYS ARE SUBJECT TO AN INTEREST CHARGE OF 1½%  
PER MONTH, UNLESS OTHER ARRANGEMENTS HAVE BEEN AGREED UPON.*