



5757 Boul. Thimens, Ville St. Laurent, Québec H4R 2H6
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CREDIT APPLICATION FORM

DATE: _____

CUSTOMER NAME: _____

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY/PROVINCE/COUNTRY _____ POSTAL CODE _____

E-MAIL ADDRESS _____

SHIP TO CUSTOMER:

NAME: _____

FOR ADDITIONAL SHIP TO'S USE SHIP TO ADDENDUM CREDIT FORM C)

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY/PROVINCE: _____ POSTAL CODE: _____ PHONE: _____

*TRAFFIC MANAGER: _____ TELEPHONE NUMBER: _____

1. WHAT IS YOUR PRIMARY PRODUCT LINE AND/OR SERVICE: _____

2. ARE YOU AN: IMPORTER ___ MANUFACTURER ___ RETAILER ___ WHOLESALE ___

OR OTHER (PLEASE SPECIFY): _____

IF YOU ARE A RETAILER ARE ALL OF YOUR STORES CORPORATELY OWNED Y/N _____

IF NO: A SEPARATE FORM MUST BE COMPLETED FOR EACH FRANCHISED STORE

INVOICE WITH DELIVERY: _____ YES OR _____ NO

PST# _____ GST# _____

BUYER'S NAME: _____ PHONE # _____

A/P CONTACT _____ PHONE # _____

FAX #1 _____ FAX #2 _____

COMPANY TYPE: INCORPORATED _____ LIMITED _____ REGISTERED _____

CORRESPONDENCE LANGUAGE ENGLISH _____ FRENCH _____

NAME OF PRINCIPALS OF THE COMPANY

(TITLE)

(TITLE)

(TITLE)

YEAR BUSINESS STARTED: _____ FINANCIAL STATEMENT AVAILABLE Y/N _____

PRESENT SUPPLIER/COMPETITIVE PRODUCT: _____

BANK: _____ ACCOUNT #: _____

BRANCH ADDRESS: _____

TELEPHONE # _____ CONTACT: _____

ANTICIPATED MONTHLY PURCHASES _____

TRADE REFERENCES (A MINIMUM OF THREE IS REQUIRED)

<u>NAME</u>	<u>ACCOUNT#</u>	<u>PHONE#</u>	<u>FAX#</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MANAGEMENT CERTIFICATION: I SWEAR THAT ALL INFORMATION HEREIN IS TRUE AND WE PROMISE TO PAY OUR BILLS PROMPTLY ___ DAYS FROM DATE OF _____. TITLE, INTEREST, AND OWNERSHIP IN THE MERCHANDISE HEREIN DESCRIBED SHALL REMAIN VESTED IN THE SELLER AND THE SAME SHALL NOT BE PLEDGED, MORTGAGED, HYPOTHECATED OR OTHERWISE CHARGED TO ANY BANK, TRUST COMPANY, CORPORATION, FIRM, OR INDIVIDUAL UNTIL FULLY AND FINALLY PAID FOR IN CASH. THE RECEIPT FROM THE PURCHASE OF PROMISSORY NOTES OR OTHER NEGOTIABLE INSTRUMENTS SHALL NOT CONSTITUTE PAYMENT UNTIL SUCH INSTRUMENTS ARE ACTUALLY PAID. ACCEPTANCE OF THE GOODS DESCRIBED HEREIN SHALL CONSTITUTE THE ACCEPTANCE OF THE TERMS HERETOFORE SET OUT.

AUTHORIZED COMPANY OFFICER: _____

SIGNATURE

TITLE

SALES REPRESENTATIVE: _____ SALESMAN #: _____