



Credit application

Company : _____	Email Address : _____
Address : _____	Responsible Purchasing: _____
City : _____	Responsible Accounts Payables : _____
State/Province : _____	Business Sector: _____
ZIP/Postal Code: _____	Number of Years in business : _____
Phone : _____	G.S.T. # : _____
Fax : _____	T.V.Q. # : _____

Affiliated Company	Address	Phone
_____	_____	_____
_____	_____	_____

Owners			
Name	%	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____

Financial information			
Bank : _____	Account # : _____		
Address : _____	Phone : _____		
Contact : _____	Fax : _____		

Suppliers			
Company	Address	Phone	Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The payment terms are NET 30 days.

The first invoice is payable upon reception of the products. Subsequent invoices must also be paid upon reception of the products until credit is established. Non-compliance with these conditions will incur delays and/or disruption in delivery of the products.

Signature : _____ Function : _____ Date : _____