

354 Route 122, St-Germain, Qc - Canada - J0C 1K0 Tel: (819)395-4213 Fax: (819)395-5146

FOR OFFICE USE ONLY Approved - Amount Refused Reason:	
Credit Manager	

	CREDIT APPLICATION		
Name:	(Company 🗆 - Personal 🖵) 🚶	(Company □ - Personal □) NIR/MC/NEQ	
Address:	BOND #	CO	
City:	Province/State: Province/Province	Province/State: Postal/Zip code:	
Owner:	Years in business: Accounts pay	Years in business: Accounts payable contact:	
Phone:	INVOICES E-Mail		
Mail invoice to (if different ac	ddress):		
Name of Bank:	Conta	Contact:	
Address :	Phone:		
Account number:	Credit line requ	ested: \$ per month	
Customs Broker :		Phone:	
INTEREST AT A RATE O WITHHELD IN THE EVENT	JR <u>CREDIT TERMS ARE 30 DAYS.</u> ALL LA'F 1 1/2% PER MONTH OR 18% PER ANNUM. OF A CLAIM OR LITIGATION. REFERENCES	FREIGHT CHARGES MUST NOT BE	
Address:		Fax:	
Name:		Phone:	
Address:		Fax:	
Name:	Phone:		
Address:		Fax:	
	btain or exchange information with any information our financial standing.		
SIGNATURE and print na	me:		
Date:	Position: Your	SGT sales rep:	

PLEASE COMPLETE, SIGN AND RETURN TO 819-395-5146