



**CREDIT APPLICATION**

Credit Services: Cécile Savard  
csavard@impsj.com

**Account No.:** \_\_\_\_\_

Fax comptabilité: 450-649-4905

Date:                     

We submit the following information as a basis for extension of credit to us. It is understood that this information will be held in strict confidence and that you are authorized to contact the references given below for further information.

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Company name: \_\_\_\_\_ Tel. Off.: \_\_\_\_\_  
Address : \_\_\_\_\_ Fax No. : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date operation started: \_\_\_\_\_ # of employees : \_\_\_\_\_  
Name of principal contact: \_\_\_\_\_ Title : \_\_\_\_\_  
Estimated annual purchases \_\_\_\_\_ Amount of credit required \_\_\_\_\_  
Account payable contact: \_\_\_\_\_  
Preference language: French \_\_\_\_\_ English \_\_\_\_\_

**BANK REFERENCE**

Name: \_\_\_\_\_ Tel.: ( ) \_\_\_\_\_ Account No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City : \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

**BUSINESS REFERENCES OF OUR MAJOR SUPPLIERS**

Name : _____	Name: _____
Address: _____	Address: _____
_____	_____
Tel: ( ) _____	Tel.: ( ) _____
Fax: ( ) _____	Fax : ( ) _____
Name : _____	Name: _____
Address: _____	Address: _____
_____	_____
Tel.: ( ) _____	Tel.: ( ) _____
Fax : ( ) _____	Fax : ( ) _____

We are financially able to meet any commitments we will make towards you and shall pay your invoices according to their terms. Title to and ownership of all products which we will purchase from you shall remain with you until the purchase price there of, are paid full. We agree that our company's credit information can be transmitted to third parties. Interest will be charged on all overdue accounts at the rate of 2% per month (24%/year). Our standard open terms are net 30 days. A charge of 20,00\$ will be applied for all n.s.f. cheques. We have read and we understand the above conditions.

Signed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_