



CREDIT APPLICATION

GENERAL INFORMATIONS		
Company legal name :		
Billing address :		
Shipping address :		
Telephone number : ()	Fax number : ()	
Corporation : <input type="checkbox"/>	Partnership account : <input type="checkbox"/>	Sole proprietor : <input type="checkbox"/>
ADMINISTRATORS OU OWNERS		
1.	(Name, address, tel#)	
2.	(Name, address, tel#)	
3.	(Name, address, tel#)	
Owner : <input type="checkbox"/>	Tenant : <input type="checkbox"/>	
In business since :		
TPS number :	TVQ number :	
FINANCIAL INFORMATION		
Financial institution:		
Address :		
tel number:		
Account Manager :		
Account number :		
MAIN SUPPLIERS		
1.	(Name, address, # tél., fax)	
2.	(Name, address, # tél., fax)	
3.	(Name, address, # tél., fax)	
The company retains complete ownership of the sold merchandise until the final payment by the customer. Payment conditions are net 30 days. Administration fees 2% monthly (24% per year) on all suffering account.		

I, _____ declare that all information contained in this application is correct and that I am authorized to execute this credit application. In addition, I consent and authorize Durabac to all applications necessary to get credit agencies or any other source of information about our credit experience. Durabac undertakes to not disclose any information received to any other for that request.

I read and I accept these conditions.

Authorized signature : _____ Date : _____

Please send back to fax number: (450) 378-1720