



Usine Sartigan inc.
 888, route 269
 Saint-Honoré-de-Shenley (Québec)
 G0M 1V0
 Tél.: (418) 485-6797 Fax : (418) 485-6745

CREDIT APPLICATION

Attn: Credit Department

GENERAL INFORMATION ON YOUR COMPANY PLEASE PRINT

LEGAL NAME		
ADDRESS	CITY (STATE)	ZIP CODE
PHONE	FAX	E-MAIL

BUSINESS INFORMATION

BUSINESS PROFILE: _____

IN BUSINESS SINCE: _____

GST-HST: _____ # PST: _____

LEGAL FORM: _____

MAIN SHAREHOLDERS: 1) _____

2) _____

PURCHASERS NAME: _____

PURCHASERS E-MAIL: _____

ACCOUNTS PAYABLE NAME: _____

E-MAIL INVOICING: _____

FINANCIAL INSTITUTION

BANK NAME	ACCOUNT# & TRANSIT#	CONTACT
ADDRESS	CITY (STATE)	ZIP CODE
PHONE	FAX	CREDIT LIMIT

MAIN SUPPLIERS

SUPPLIERS NAME	PHONE	FAX
1) _____		
2) _____		
3) _____		
4) _____		
5) _____		
6) _____		

CERTIFICATION and AGREEMENT BETWEEN YOUR COMPANY (The debtor) and USINE SARTIGAN INC. (The creditor)

CONDITIONS AND PAYMENT:
 Subject to the credit approval, the payment terms allowed are 0.5% 10 days, net 11 days following the date of the invoice. If payment occur to be late, the creditor will be justified to suspend all the credit privileges and will suspend all deliveries.

INTEREST PAST DUE:
 Interest of 12% per year (1% per month) will be added on all past due invoice.

LEGAL OWNERSHIP:
 The creditor remains owner of the merchandise delivered until final payment of the invoice.

ELECTION OF THE DOMICILE:
 The parties, for present purpose, elect domicile in the legal district of Quebec.

ACCEPTANCE:
 The debtor declares having read and understood the present agreement. The debtor agrees with the conditions, understands the impact and have received a copy.

CERTIFICATION:
 I hereby certify that all information written on the present form is accurate and I authorize Usine Sartigan inc. to communicate with the persons or entities whose name appear above in order to obtain all other information necessary to complete the study of this application form.

 Authorized signature Date

 Print name Title