

Print name

| Saint-Honoré-o GOM 1V0 | de-Shenley (Québec) | | CF | REDIT APPLICATION | |
|---|--|---|--|--|-------------------|
| | 6797 Fax : (418) 485-6745 | | | | |
| ENERAL INFORMATION C | ON YOUR COMPANY | | | | PLEASE PRI |
| LEGAL NAME | | | | | |
| ADRESS | | CITY (STATE) | | ZIP CODE | |
| PHONE | | FAX | | E-MAIL | |
| SINESS INFORMATION | | | | | |
| BUSINESS PROFILE: | | | | | |
| IN BUSINESS SINCE: | | | | | |
| # GST-HST: | | # PS | Г: | | |
| # IRS: | | | | | |
| LEGAL FORM: | | | | | |
| MAIN SHAREHOLDERS: | 1) | | | | |
| | 2) | | | | |
| PURCHASERS NAME: | | | | | |
| PURCHASERS E-MAIL: | | | | | |
| ACCOUNTS PAYABLE NAM | E: | | | | |
| E-MAIL INVOICING: | | | | | |
| ANCIAL INSTITUTION | | | | | |
| BANK NAME | | ACCOUNT# & TRANSIT# | | CONTACT | |
| ADRESS | | CITY (STATE) | | ZIP CODE | |
| PHONE | | FAX | | CREDIT LIMIT | |
| IN SUPPLIERS | | | | | |
| SUPPLIERS NAME | | PHONE | FAX | EMAIL | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| Il be justified to suspend all TEREST PAST DUE: erest of 12% per year (1% per GAL OWNERSHIP: e creditor remains owner of ECTION OF THE DOMICILE er parties, for present purpose ECEPTANCE: e debtor declares having ready. ERTIFICATION: ereby certify that all informatities whose name appear ab IVACY POLICY AND PRO | the credit privileges and with the credit privileges and with the merchandise delivered LE: The elect domicile in the legal and understood the presentation written on the presentation or prove in order to obtain all of TECTION OF PRIVATE LIFT crypolicy and protection of protection | Il suspend all deliveries. all past due invoice. until final payment of the I district of Quebec. ent agreement. The debtor form is accurate and I aut her information necessary E: private life and undertake | invoice. agrees with the condit horize Usine Sartigan i to complete the study | of the invoice. If payment occur tions, understands the impact an inc. to communicate with the per of this application form. | d have received a |
| | | | | | |
| Authorized signature | | | | Date | |