



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

CREDIT APPLICATION

GENERAL INFORMATION ON YOUR COMPANY		PLEASE PRINT	
<hr/>			
LEGAL NAME			
<hr/>			
ADRESS		CITY (STATE)	ZIP CODE
<hr/>		<hr/>	<hr/>
PHONE	FAX	E-MAIL	
<hr/>	<hr/>	<hr/>	
BUSINESS INFORMATION			
BUSINESS PROFILE: <hr/>			
IN BUSINESS SINCE: <hr/>			
# GST-HST: <hr/>		# PST: <hr/>	
# IRS: <hr/>			
LEGAL FORM: <hr/>			
MAIN SHAREHOLDERS:		1) <hr/>	
		2) <hr/>	
PURCHASERS NAME:		<hr/>	
PURCHASERS E-MAIL:		<hr/>	
ACCOUNTS PAYABLE NAME:		<hr/>	
E-MAIL INVOICING:		<hr/>	
FINANCIAL INSTITUTION			
BANK NAME		ACCOUNT# & TRANSIT#	CONTACT
<hr/>		<hr/>	<hr/>
ADRESS		CITY (STATE)	ZIP CODE
<hr/>		<hr/>	<hr/>
PHONE	FAX	CREDIT LIMIT	
<hr/>	<hr/>	<hr/>	
MAIN SUPPLIERS			
SUPPLIERS NAME		PHONE	FAX EMAIL
<hr/>		<hr/>	<hr/>
1) <hr/>			
2) <hr/>			
3) <hr/>			
4) <hr/>			
5) <hr/>			
6) <hr/>			
CERTIFICATION and AGREEMENT BETWEEN YOUR COMPANY (The debtor) and USINE SARTIGAN INC. (The creditor)			
<u>CONDITIONS AND PAYMENT:</u> 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.			
<u>INTEREST PAST DUE:</u> Interest of 12% per year (1% per month) will be added on all past due invoice.			
<u>LEGAL OWNERSHIP:</u> The creditor remains owner of the merchandise delivered until final payment of the invoice.			
<u>ELECTION OF THE DOMICILE:</u> The parties, for present purpose, elect domicile in the legal district of Quebec.			
<u>ACCEPTANCE:</u> The debtor declares having read and understood the present agreement. The debtor agrees with the conditions, understands the impact and have received a copy.			
<u>CERTIFICATION:</u> 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. In the event that Usine Sartigan Inc. should contact TD Bank, I authorize to disclosure the bank balance.			
<u>PRIVACY POLICY AND PROTECTION OF PRIVATE LIFE:</u> Usine Sartigan Inc. has a privacy policy and protection of private life and undertakes to protect your personal information adequately. To view the full policy, please refer to our website at www.sartigan.com			
Authorized signature		Date	
<hr/>		<hr/>	
Print name		Title	
<hr/>		<hr/>	

PLEASE SEND THE PRESENT FORM BY FAX AT (418) 485-6745
OR BY EMAIL AT kelly.lachance@sartigan.com