

CREDIT APPLICATION

Accounting fax: 450-649-7275
Email: comptabilite@impsj.com

Date: _____

Account No.: # _____

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.

Company name: _____

Address: _____ Tel.: _____

Fax: _____

Date operation started: _____ Qty of employees: _____

Name of principal contact: _____ Title: _____

Estimated annual purchases: _____ \$ Amount of credit required: _____ \$

Account payable contact: _____

Account payable email: _____

Preference language: French ☐ English ☐

BANK REFERENCE

Name: _____ Tel.: _____ Account No.: _____

Address: _____ City: _____

Province: _____ Postal code: _____

BUSINESS REFERENCES OF YOUR MAJOR SUPPLIERS

Supplier's name: _____

Address: _____

Tel.: _____ Fax: _____

Email: _____

Supplier's name: _____

Address: _____

Tel.: _____ Fax: _____

Email: _____

Supplier's name: _____

Address: _____

Tel.: _____ Fax: _____

Email: _____

Supplier's name: _____

Address: _____

Tel.: _____ Fax: _____

Email: _____

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: _____