



CREDIT APPLICATION

Name of Company: _____

Address: _____

Tel.: (_____) _____ Fax: (_____) _____

Owner's Name: _____

Home Address: _____

Tel.: (_____) _____ Fax: (_____) _____

COMPANY HISTORY

Operation Starting Date: _____

Legal Name: _____

Business Name(s): _____

Industry (Type of Activities): _____

GST Reg. #: _____

QST/Prov. Tax Reg. #: _____

BANKING INFORMATION

Name & Address of Bank: _____

Tel.: (_____) _____ Fax: (_____) _____

Account Number(s): _____

Account Manager: _____

SUPPLIERS (please name three main suppliers)

Name, Tel. & Fax #	Credit Limit	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, the undersigned, as authorised representative of _____ (company), hereby agree that a solvency check be conducted at any time on said company.

In witness whereof, I have signed at _____, this _____ day of _____, 20____.

SIGNATURE (authorised representative): _____

Important: **CIME** is registered with the *Commission d'accès à l'information du Québec*.

NOTE: FILL OUT THIS APPLICATION AND SEND IT BY FAX TO: (514) 767-0331