

CREDIT APPLICATION

Legal business name : _____
 Address of company - Street : _____
 City : _____ Province/State : _____ Postal code/Zip : _____ Country : _____
 Last name of authorized purchaser : _____ First name : _____
 Phone : (____) _____ - _____ ext. _____ Fax : (____) _____ - _____ E-mail : _____
 Provincial sales tax n°: _____
 PST exemption registration n° : _____

BUSINESS DETAILS

Legal status : <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor	Business type : <i>(select one)</i> <table style="width: 100%;"> <tr> <td style="width: 33%;">Retailer</td> <td style="width: 33%;"><input type="checkbox"/> Hardware</td> <td style="width: 33%;"><input type="checkbox"/> Manufacturer (Application)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Lumber/Bldg materials</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Rental services</td> <td></td> </tr> <tr> <td style="border-top: 1px solid black;">Distributor</td> <td><input type="checkbox"/> Hardware</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Fasteners</td> <td></td> </tr> </table>	Retailer	<input type="checkbox"/> Hardware	<input type="checkbox"/> Manufacturer (Application)		<input type="checkbox"/> Lumber/Bldg materials			<input type="checkbox"/> Rental services		Distributor	<input type="checkbox"/> Hardware	<input type="checkbox"/> Other		<input type="checkbox"/> Fasteners	
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In business since : _____	Number of years at the same location : _____	For internal use only	
Number of employees : _____	<input type="checkbox"/> Owner	<input type="checkbox"/> Lessee	Rep.
			Disc.

President name : _____ Accounts payable contact name : _____
 Are you a member of a buying association ? Yes No If yes, name of the association : _____
 Invoiced to : _____ Your membership no : _____
 Same address Another : _____ No store : _____

BANK REFERENCE

Bank name : _____ Account manager : _____ Account n° : _____
 Address of bank branch - Street : _____
 City : _____ Province/State : _____ Postal code/Zip : _____ Country : _____
 Phone : (____) _____ - _____ ext. _____ Fax : (____) _____ - _____

TRADE REFERENCES

(Please, list below three (3) main suppliers that you buy on open account)

Name : _____	Address - Street : _____
City : _____	Province/State : _____ Postal code/Zip : _____ Country : _____
Phone : (____) _____ - _____ ext. _____	Fax : (____) _____ - _____
Name : _____	Address - Street : _____
City : _____	Province/State : _____ Postal code/Zip : _____ Country : _____
Phone : (____) _____ - _____ ext. _____	Fax : (____) _____ - _____
Name : _____	Address - Street : _____
City : _____	Province/State : _____ Postal code/Zip : _____ Country : _____
Phone : (____) _____ - _____ ext. _____	Fax : (____) _____ - _____

TERMS AND CONDITIONS

All accounts are payable 30 days following the date of invoice. A service charge of 2% (27% annual rate) may be added to overdue amounts.
 I authorize **Canada-Europe Ltd** to obtain or exchange credit information about me for the purpose to establish and to verify my financial solvency.
 All deliveries are F.O.B. our warehouse : Montreal, Qc or Mississauga, On.

The undersigned agrees to the following terms and conditions and certifies that all information indicated above is true and correct.

_____ Date
 Authorized signature