

Credit application / Account profile review ***** PLEASE USE PRINT CHARACTERS *****			
Company Name: _____	# GST :		
Address: _____	# PST :		
	Phone:		
City: _____	Fax:		
Province : _____	Postal Code / Zip:		
In Business since: _____	# IRS (US client only)		
Monthly purchases: _____	Credit Requested: _____	Nature of business:	
BILLING ADDRESS (if different)			
Address: _____	Postal Code/Zip		
	Phone:		
City: _____	Fax		
COMPANY OFFICERS			
Name: _____	Title:		
Address: _____	Phone:		
City: _____			
ACCOUNTS PAYABLE CONTACT			
Name: _____	Phone:		
E-mail _____	Fax		
BANK REFERENCES			
Bank name: _____	Contact:		
Branch: _____	Phone:		
Address: _____	Account #:		
City _____			
TRADE REFERENCES			
Company name	Phone #	Fax #	E-Mail
1) _____			
2) _____			
3) _____			
4) _____			
Please fill your preference			
Invoice / Monthly Statement	<input type="checkbox"/> Mail	<input type="checkbox"/> e-mail	<input type="checkbox"/> Fax
Electronic Transfer	<input type="checkbox"/> Yes **	<input type="checkbox"/> No	
** If yes, please contact us for our bank coordinates and check specimen			
INFORMATION DISCLOSURE AGREEMENT AND CONDITION			
I hereby certify that the informations contained in this credit application are true. The information contained in this application is for the only use of Phil Larochelle Equipment Inc. Phil Larochelle Equipment Inc. can also use other sources of credit that could be considered necessary to determine the credit margin. I hereby authorize the bank and commercial references mentioned above to supply the necessary information to Phil Larochelle Equipment Inc. to establish our credit margin.			
Signature _____	Titre _____	Date _____	
Any first order to be paid cash. Credit application to be considered for subsequent orders All outstanding invoices will suspend the account until the payment All account inactive for a period of 1 year will be automatically closed Terms: Net 30 days from date of invoicing. Monthly interest of 2% on overdue invoices			
Reserved for administration			
Client #: _____	Montant autorisé: _____		
Approuvé par: _____	Date d'acceptation: _____		
Commentaires: _____			