



CREDIT APPLICATION

Date of request _____

Representative: _____

CUSTOMER INFORMATION			
Last name / First name			
Legal name of business			
Address			
City		Province	
Postal code			
Phone		Second phone number	
Fax		Email	
Shipping Address			
Billing Address			
BUSINESS INFORMATION			
Type of business		Date of opening	
Name of owner			
Date of birth		S.I.N.	
Driver's license			
Provincial sales tax number (if applicable)			
Tax exemption number (if applicable)			
Do you use purchase order numbers ?		yes	no
			Obligatory ?
Name of authorized buyer (s)			
Accountant's name			
Phone		Monthly credit needed	
BANKING INFORMATION			
Account manager			
Financial Institution			
Account number and transit number			
Address			
Phone		fax	
NAME 3 SUPPLIERS WITH ACTIVE ACCOUNTS			
Suppliers		Phone	fax
Nature of your purchase			
Comments/precisions			

The undersigned authorizes L.L. Lozeau Ltée to get from our financial institution, and also from our suppliers, all the needed information in order to evaluate our credit reference. If this application should be accepted, I commit to pay all purchases as per « net 30 days » terms, and I understand and accept a monthly interest rate of 2% on any pass due amount (24% per year).

Signed at : _____ Date : _____

Bank authorized signature

L.L. Lozeau Ltée 6229, rue St Hubert, Montréal, (Québec) H2S 2L9

(514) 274- 6577 Sans frais 1 800 363 3535