

CREDIT APPLICATION FORM

CORPORATE INFORMATION

Company Name:		
Address:		
City :	Province:	Postal Code:
Phone :	Fax:	
Contact:	Title:	

FINANCIAL REFERENCES (INTERNAL USE ONLY - CONFIDENTIAL)

Name of financial institution :	
Address:	
City:	Phone :
Transit #:	Account # :
Contact:	Title:

THREE SUPPLIER REFERENCES

Company:	Phone:
Contact:	Title: Fax*:
Company Name:	Phone:
Contact:	Title: Fax*:
Company Name:	Phone:
Contact:	Title: Fax*:

* Please provide each supplier references with their fax information in order to process your credit application.

All of the information requested in this form are required for treating credit applications. The information provided with this form will be kept confidential. The payment terms are of **10 days with 2% discount or net 30 days without discounts** after the invoice has been issued. Lieberman Tranchemontagne has the right to place all invoices that are past their payment terms in the process of collection, in the event that such actions become necessary I, the undersigned, will be notified. I, the undersigned, agree to take responsibility for all outstanding invoices and notify Lieberman Tranchemontagne 30 days prior to any changes or transfers done to the proprietorship.

I, the undersigned, hereby authorize Lieberman Tranchemontagne to obtain all necessary financial information to open a credit account and to extend credit privileges for my company. The signature, of the undersigned, on this application indicates our consideration and acceptance of these terms.

Legally authorized personnel: _____ Date: _____

Signature: _____ Title: _____

Legally authorized personnel: _____ Date: _____

Signature : _____ Title: _____

LIEBERMAN TRANCHEMONTAGNE USE ONLY - DO NOT WRITE IN THIS AREA

Vendor #:	Account #:
Received by:	Date:
Credit limit:	Approved by: