



Usine Sartigan inc.
888, route 269
Saint-Honoré-de-Shenley (Québec)
G0M 1V0
Tél.: (418) 485-6797 Fax : (418) 485-6745

CREDIT APPLICATION

ATTN: Accounts payable

GENERAL INFORMATION ON YOUR COMPANY		PLEASE PRINT
LEGAL NAME _____		
ADDRESS _____	CITY (STATE) _____	POSTAL CODE _____
PHONE # _____	FAX # _____	Email @ _____
BUSINESS INFORMATION		
BUSINESS PROFILE: _____		
IN BUSINESS SINCE: _____	REQUESTED CREDIT: _____	
GST - HST: _____	PST: _____	
LEGAL FORM: _____		
MAIN SHAREHOLDERS:	1) _____	
	2) _____	
LUMBER PURCHASERS NAME :	_____	
	Email @ _____	
ACCOUNTS PAYABLE NAME: _____		
E-MAIL INVOICING: _____		
	Email @ _____	
FINANCIAL INSTITUTION		
BANK NAME _____	ACCOUNT # & TRANSIT # _____	CONTACT _____
ADDRESS _____	CITY (STATE) _____	POSTAL CODE _____
PHONE # _____	FAX # _____	CREDIT LIMIT _____
MAIN SUPPLIERS		
SUPPLIERS NAME	PHONE #	FAX #
1) _____		
2) _____		
3) _____		
4) _____		
5) _____		
6) _____		
CERTIFICATION and AGREEMENT BETWEEN YOUR COMPANY (The debtor) and USINE SARTIGAN INC. (The creditor)		
CONDITIONS AND PAYMENT: Subject to the credit approval, the payment terms allowed are 1% 10 days, net 11 days following the date of the invoice. If payment occur to be late, the creditor will be justified to suspend all the credit privileges and will suspend all deliveries.		
INTEREST PAST DUE: Interest of 12% per year (1% per month) will be added on all past due invoice.		
LEGAL OWNERSHIP: The creditor remains owner of the merchandise delivered until final payment of the invoice.		
ELECTION OF THE DOMICILE: The parties, for present purpose, elect domicile in the legal district of Quebec.		
ACCEPTANCE: The debtor declares having read and understood the present agreement. The debtor agrees with the conditions, understands the impact and have received a copy.		
CERTIFICATION: I hereby certify that all information written on the present form is accurate and I authorize Usine Sartigan inc. to communicate with the persons or entities whose name appear above in order to obtain all other information necessary to complete the study of this application form.		
_____	_____	
Authorized signature	Date	
_____	_____	
Print name	Title	

Please send the present form by fax at **(418) 485-6745**