

18111 Trans-Canada Kirkland, QC, Canada, H9J 3K1 Tél.: (514) 694-9111

Fax: (514) 695-5201

CREDIT APPLICATION

APPLICANT		Date:
Registered Legal Business Name:		
Business Premises Status:	me:	
Ownership of Business:	☐ Owned	Leased in Business Since:
Sole Ownership	Partnership	Corporation Other
MAIN CONTACT INFOR	RMATION	
Name:		Job Title:
E-mail:		Tel:
ACCOUNTS PAYABLE II	NFORMATION	
Name:		Job Title:
E-mail:		
COMPANY OWNERSHI	IP or OFFICERS	
	ii oi oi iicens	Name:
·		
	Province:	
•	Tel:	· ·
E-mail:		E-mail:
BANK INFORMATION		
Bank Name:		Contact Name:
Tel:	Branch:	Account # :
TRADE REFERENCES		
		Contact Name:
Tel:		
Business Name:		Contact Name:
Tel:		E-mail:
Business Name:		Contact Name:
Tel:		E-mail:
TERMS & CONDITION	NS	
Terms are F.O.B. Montréal. Payn	nent net 30 days. Service charges	s will be levied on overdue accounts. Transportation damages should be claimed against the carrier within

10 days. Merchandise returned without authorization and proper documentation, will be refused. Prices are subject to change without notice. Danesco Inc.'s liability shall be limited to the replacement value of any goods deemed by Danesco Inc. to be defective. Danesco Inc. shall be under no liability whatsoever for any consequential loss or damage. NOTE: Information supplied is solely for the use of Danesco Inc.'s credit department and will be held strictly confidential.

SIGNATURE		
Signature:	Title:	
Applicant Name:	Date :	