



Services Alimentaires, Papiers, Épicerie
Surgelés et Sanitaires

CREDIT APPLICATION

IDENTIFICATION

Trade name: _____ Inc. Reg'd Ltd
 Customers legal name: (customer) _____
 Address: _____ City: _____
 Postal code: _____ Tel.: _____
 Type of business: _____ Established since: _____
 Building owner: _____ Tel.: _____
 Name of principals: (1) _____ (2) _____
 Address: (1) _____ (2) _____
 City: (1) _____ (2) _____
 Telephone: (1) _____ (2) _____
 Social Insurance No: (1) _____ (2) _____
 Accounts payable clerk: _____ Tel.: _____
 Terms of sale and credit required: _____ Days: _____ \$

BANK REFERENCES

Bank: _____ Dealing since: _____
 Address: _____ Branch: _____
 Account number: _____ Tel.: _____
 * Do you authorize us to contact your institution? Yes No

SUPPLIER REFERENCES (Preferably meat & food industry)

1) _____ Tel.: _____
 2) _____ Tel.: _____
 3) _____ Tel.: _____

I, the undersigned, declare that all the information supplied in this credit application form is true and correct and that I am authorized to request credit from MULTI PLUS D.M. INC. furthermore, by signing this credit application form, I agree and consent to authorize MULTI PLUS D.M. INC. to obtain from any credit reporting agency or any other source such information as MULTI PLUS D.M. INC. may deem appropriate at any time on connection with the credit hereby applied for.

MULTI PLUS D.M. INC. shall retain ownership of all merchandise until full payment for all amounts owing to Multi Plus.

Customer, undertakes to pay all invoices upon their due date and any unpaid balance owing shall bear interest at the rate of 2% per month or 24% per year.

Capital letters _____ Title _____ Authorized signature _____ Date _____

PERSONAL GUARANTEE

I, the undersigned, agree to be solidarity liable to Multi Plus D.M Inc. for all obligations due and owing by the customer to MULTI PLUS D.M. INC.

Capital letters _____ Signature _____ Date _____

FOR OFFICE USE ONLY

Date: _____ Terms: _____
 Approved by: _____ Limit: _____