



CREDIT APPLICATION

Company Legal Name : _____
Address : _____ Postal Code : _____
Telephone : _____ Email : _____ **NEQ :** _____

Shareholders - Directors

Last name, First name	Title	Telephone
_____	_____	_____
_____	_____	_____

FINANCIAL INSTITUTION

Name of Bank : _____
Address : _____
(street, city, province, postal code)
Telephone : _____ Fax : _____
Transit number : _____ Folio / Account : _____
(obligatory) (obligatory)
Name of account manager or bank contact person: Name : _____
Telephone : _____ Email : _____
(extension number)

Insurance Information

Insurance broker : _____ Policy number : _____
Telephone : _____ Fax : _____ Contact : _____

Credit References (Suppliers)

Name	Address	Telephone	Contact
1- _____	_____	_____	_____
2- _____	_____	_____	_____
3- _____	_____	_____	_____

Authorization

I hereby authorize Location Beaujean Inc. to conduct the applicable credit checks and obtain any information deemed necessary.

Client signature **Name of signatory in block letters** Date : _____

L O C A T I O N B E A U J E A N

12305, boul. Métropolitain Est, Montréal (Québec) H1B 5R3
Tél. : 514 645-7070 • Téléc. : 514 640-4442