



APPLICATION DE CREDIT / CREDIT APPLICATION FORM

**VENTE - RÉPARATION - LOCATION / SALE - SERVICE - RENTAL
CALIBRATION - CERTIFICATION
4407, RUE CHARLEROI, MONTREAL-NORD, QUEBEC H1H 1T6
Tel: (514) 329-3242 Fax: (514) 329-3750**

NOM DE LA COMPAGNIE / COMPANY NAME: _____
ADRESSE / ADDRESS: _____
TEL: _____ FAX: _____

NATURE DES OPERATIONS / BUSINESS OPERATION: _____
DEBUT DES OPERATIONS / YEARS OF OPERATION: _____
T.P.S. / G.S.T. No.: _____ T.V.Q. / P.S.T.NO.: _____

REFERENCE BANCAIRE / BANK REFERENCE

NOM DE LA BANQUE / BANK NAME: _____
ADRESSE / ADDRESS: _____
NUMERO DE COMPTE / ACCOUNT NUMBER: _____
COMPTE U.S. / U.S. ACCOUNT: _____
Tel No.: _____ Fax No.: _____

REFERENCES DE CREDIT / CREDIT REFERENCES

COMPAGNIE / COMPANY: _____
Tel No.: _____ FAX No.: _____

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Tel No.: _____ FAX No.: _____

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Tel No.: _____ FAX No.: _____

COMPAGNIE / COMPANY: _____
Tel No.: _____ FAX No.: _____