



Head Office

810, avenue Godin, Québec (Québec) G1M 2X9

Phone: (418) 683-3491

Fax: (418) 683-6387

www.congebec.com

CREDIT REQUEST FORM

Date :	_____
Credit Request	<input type="checkbox"/>
File Review	<input type="checkbox"/>

CUSTOMER IDENTIFICATION			
Legal Name of the Company			
Address (N°, street)			
City	Province	Country	Postal Code
Phone	Email	Correspondence language <input type="checkbox"/> French <input type="checkbox"/> English	

COMPANY INFORMATION	
Federal business number (BN) and/or provincial company number (NEQ)	Number of years in business
QST identification number (if applicable)	Number of employees
GST/HST identification number (if applicable)	Activity sector

CONTACTS (executives, partners, or owners)			
First Name LAST NAME	Title	Phone	Email
First Name LAST NAME	Title	Phone	Email
First Name LAST NAME	Title	Phone	Email
First Name LAST NAME	Title	Phone	Email
First Name LAST NAME	Title	Phone	Email

Please initial each page.

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ACCOUNTING & BILLING	
Accounts Payable Manager	
Accounts Payable Email	Email for invoices - If different
Phone	

PAYMENT METHOD		
We prefer EFT payments (by bank transfer). Bank details will follow upon receipt of this completed document.		
Do you use an external payment service provider? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please indicate the name of your external service provider.
Contact - External service provider	Phone - External service provider	Email - External service provider

CREDIT INFORMATION	
Finance Manager	Estimated annual purchases at Congebec

BANK DETAILS		
Name of Bank		Account Number
Address		Account Manager
City	Province	Account Manager Email
<p>To speed up the authorization process, please inform your account manager of the steps you are taking to obtain your credit report.</p>		Phone

Please initial each page.

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SUPPLIERS' REFERENCES			
Supplier #1 - Company Name		Annual Purchases	Terms
Address		Account Number	
City	Province	Account Manager	
Postal Code * □ □ □ □ □ □	Country	Phone -	Email

SUPPLIERS' REFERENCES			
Supplier #2 - Company Name		Annual Purchases	Terms
Address		Account Number	
City	Province	Account Manager	
Postal Code * □ □ □ □ □ □	Country	Phone -	Email

SUPPLIERS' REFERENCES			
Supplier #3 - Company Name		Annual Purchases	Terms
Address		Account Number	
City	Province	Account Manager	
Postal Code * □ □ □ □ □ □	Country	Phone -	Email

SUPPLIERS' REFERENCES			
Supplier #4 - Company Name		Annual Purchases	Terms
Address		Account Number	
City	Province	Account Manager	
Postal Code * □ □ □ □ □ □	Country	Phone -	Email

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CREDIT APPROVAL AUTHORIZATION

The Customer declares that all information provided in this Credit Request Form is current, complete and true, and agrees to inform Congebec if any changes in such information.

The Customer authorizes Congebec, its affiliated companies, their employees or agents to obtain from financial institutions or credit agencies, all information useful for establishing the Customer's solvency as well as, if applicable, that of its parent company or any affiliated company. The Customer undertakes to obtain all proper authorizations for Congebec to have access to such information, from any affiliated company or financial institutions.

The Customer consents to the use by Congebec of all such information, no matter the source, to determine the Customer's credit facility. This consent is granted for the whole period of the business relationship between Congebec and the Customer.

Providing false or misleading information, or withdrawing consent, or failure to obtain required authorizations to the use of the information may result in the loss of the credit facility.

This Credit Request Form is made to Congebec Inc. for its own benefit and/or for the benefit of its affiliated companies.

(Company Name)

SIGNATURE

I hereby declare that I am duly authorized to sign for and on behalf of the Customer.

Print Name

Title

Signature

Date (YYYY/MM/DD)

Please return this form duly completed to:

car@congebec.com

FOR CONGEBEC ONLY

Credit limit authorized by Congebec

By

Date (YYYY/MM/DD)

Notes

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