

CREDIT REQUEST FORM

Date : _____

Credit Request ☐

File Review ☐

CUSTOMER IDENTIFICATION

Legal Name of the Company

Address (N°, street)

City

Province

Country

Postal Code

Phone

Email

Correspondence language

☐ French

☐ 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

**Head Office**

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

Phone: (418) 683-3491

Fax: (418) 683-6387

www.congebec.com**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?

☐ Yes☐ 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 sales**BANK DETAILS**

Name of Bank

Account Number

Address

Account Manager

City

Province

Account Manager Email

Phone

Please initial each page.

Initials

SUPPLIERS' REFERENCES			
Supplier #1 - Company Name		Annual Purchases	Terms
Address		Account Number	
City	Province	Account Manager	
Postal Code *	Country	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SUPPLIERS' REFERENCES			
Supplier #2 - Company Name		Annual Purchases	Terms
Address		Account Number	
City	Province	Account Manager	
Postal Code *	Country	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SUPPLIERS' REFERENCES			
Supplier #3 - Company Name		Annual Purchases	Terms
Address		Account Number	
City	Province	Account Manager	
Postal Code *	Country	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SUPPLIERS' REFERENCES			
Supplier #4 - Company Name		Annual Purchases	Terms
Address		Account Number	
City	Province	Account Manager	
Postal Code *	Country	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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www.congebec.com**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

Please initial each page.

Initials