



LA MAISON DU PEINTRE

the **painters'** supermarket



Credit application to be sent to:

Daniel Rodgers

Fax: 514.381-7028

Company legal name:

Name of company:

Address: City: Postal Code:

Phone Fax: Email:

Buyer name Annual volume \$:

Accounts payable name :

Owners' name: Fax :

Address City: Postal Code:

Type of activity: Established since: Number of employees:

Bank name: Address:

Phone: Account number:

Supplier: Name / Address / Phone

1 :

2 :

3 :

THIS SECTION IS RESERVED TO LA MAISON DU PEINTRE

Received by: Date:

Approved by: Limit: Date:

Client advised: Account Number: Date:

Comments:

I represent that the above information is true and is given to induce to extend credit to the applicant. My company and I authorize to make such credit investigation as sees fit. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to any and all information concerning the financial and credit history of my company and myself. We further acknowledge that credit privileges, if granted, may be withdrawn at any time.

Read and signed in: Date:

Clients' Signature: