



**ISOPLEX CREDIT APPLICATION
DEMANDE DE CREDIT
CONFIDENTIAL/CONFIDENTIEL**

COMPANY NAME
NOM DE LA COMPAGNIE _____

ADDRESS
ADRESSE _____

CITY POSTAL CODE TELEPHONE #
VILLE PROV CODE POSTAL # DE TELEPHONE _____

BILLING ADDRESS
ADRESSE DE FACTURATION _____
NO STREET/RUE CITY/VILLE POSTAL CODE POSTAL

SHIPPING ADDRESS
ADRESSE DE LIVRAISON _____
NO STREET/RUE CITY/VILLE POSTAL CODE POSTAL

PRINCIPALS
DIRECTEURS _____
NAME/NOM TITLE/TITRE

NAME/NOM TITLE/TITRE

PLEASE CHECK: INDIVIDUAL PARTNERSHIP INCORPORATED
COCHER: PARTICULIER SOCIETE INCORPORE _____

ESTABLISHED SINCE AMOUNT OF CREDIT DESIRED
FONDEE DEPUIS MONTANT DE CREDIT DESIRE _____

FEDERAL GST NO PROVINCIAL SALES TAX NO
NO TAXE FEDERAL NO TAXE PROVINCIAL _____

TRADE REFERENCES / REFERENCES COMMERCIALE:

BANK
BANQUE _____
NAME/NOM TELEPHONE/TELEPHONE

BRANCH/SUCCURSALE ACCOUNT#/#DE COMPTE

SUPPLIERS
FOURNISSEURS

1.	NAME/NOM	ADDRESS/ADRESSE	CITY/VILLE	# TELEPHONE #
				# FAX #
2.	NAME/NOM	ADDRESS/ADRESSE	CITY/VILLE	# TELEPHONE #
				# FAX #
3.	NAME/NOM	ADDRESS/ADRESSE	CITY/VILLE	# TELEPHONE #
				# FAX #

**** OUR TERMS ARE "NET 30 DAYS" / NOS TERMES SONT "NET 30 JOURS" ****

CUSTOMER SIGNATURE/SIGNATURE DU CLIENT TITLE/TITRE DATE

RESERVED FOR CREDIT DEPARTMENT/RESERVE AU SERVICE DU CREDIT

CUSTOMER NO/NO CU CLIENT _____ CREDIT LIMIT/MARGE DE CREDIT _____

APPROVAL/APPROBATION _____ SALESMAN/VENDEUR _____