



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 _____