



1591 Albiny-Paquette Boulevard
Mont-Laurier, Quebec, J9L1M8

anita@metalgosselin.com

Tel.: 1-819-623-3369

Fax: 1-819-623-9551

CREDIT APPLICATION

Client Name: _____

Address: _____

Street Number Street

Apt. or Suite

City

Province

Postal Code

Email Address: _____

Phone: _____ Fax: _____

Contact Name: _____

Statement of account sent by Mail: or Email:

Financial Institution

Institution: _____

Address: _____

Street Number Street

Apt. or Suite

City

Province

Postal Code

Phone: _____ Account #: _____

Suppliers

1. _____ 2. _____ 3. _____

Phone: _____ Phone: _____ Phone: _____

Surety

I undersigned _____

Print Name (Account Authorized Person)

jointly agree to be liable for the payment of the amounts by the above-mentioned client and waive as of this moment the benefit of discussion and division.

Requested amount of credit: _____

The client accepts and consents to respect the net 30-day payment terms. Monthly service fees of 2% (24% yearly) will be charged on all accounts over 30 days. The client accepts to pay all costs of collection and judiciary fees incurred for recovering the outstanding sums. It is agreed between all parties that Métal Gosselin Ltd retains full ownership of the sold goods pending full payment.

Signature

Signed in: _____ on: _____

City

Date

Signature