

## COMPANY PROFILE

### CUSTOMER

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 Province/State: \_\_\_\_\_  
 Postal/Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email address: \_\_\_\_\_

### DELIVERY ADDRESS

Address: \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_  
 Province/State: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

### ACCOUNTS PAYABLE DEPARTMENT

Contact: \_\_\_\_\_  
 Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

### COMPANY

#### OWNERS, SHAREHOLDERS & CONTACTS

<u>NAME</u>	<u>TITLE</u>
_____	President
_____	Purchaser
_____	_____
_____	_____
_____	_____

PRIVATE COMPANY:  yes  no  
 PUBLIC COMPANY:  yes  no

#### NUMBER OF EMPLOYEES

Office: \_\_\_\_\_  
 Plant: \_\_\_\_\_  
 Square Feet: \_\_\_\_\_

YEARLY ESTIMATED PURCHASES: \_\_\_\_\_ \$  \$CDN  \$US

### BRANCH OF INDUSTRY

DISTRIBUTOR: <input type="checkbox"/>	CONTRACTS: <input type="checkbox"/>
FABRICATOR: <input type="checkbox"/>	EXPORT MARKET: <input type="checkbox"/>
RETAILER-FABRICATOR: <input type="checkbox"/>	INTERCO: <input type="checkbox"/>
MAJOR RETAIL CHAINS: <input type="checkbox"/>	OTHER (please specify) _____

GEORGRAPHIC TERRITORY: \_\_\_\_\_

### DELIVERY TRANSPORTATION PREFERENCE

1. _____	Account number: _____
2. _____	Account number: _____
3. _____	Account number: _____

CUSTOMER WILL PLACE HIS ORDER FROM:  A55  A03  A12

Sales Representative \_\_\_\_\_ (please print) \_\_\_\_\_ (signature)

Date completed \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YY



#### RETURN FORM TO CREDIT MANAGER AT :

Plastibec Inc., 1825 boul. Lionel-Bertrand, Boisbriand (Quebec) J7H 1N8  
 TEL: 800 361-4917 / (450) 430-9818 FAX: 450-430-9168

## CREDIT APPLICATION

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_

### OWNERS OR PRINCIPAL SHAREHOLDERS

	#1	#2	#3
Name:	_____	_____	_____
Address:	_____	_____	_____
City, Province/State:	_____	_____	_____

### GENERAL REFERENCES

Branch of industry: \_\_\_\_\_ GST #: \_\_\_\_\_  
Monthly credit limit request: \$ \_\_\_\_\_ QST #: \_\_\_\_\_  
Estimated annual purchase volume: \$ \_\_\_\_\_ IRS #: \_\_\_\_\_  
Years in business: \_\_\_\_\_

### BUSINESS REFERENCES

	#1	#2	#3
Name:	_____	_____	_____
Address:	_____	_____	_____
City, Province/State:	_____	_____	_____
Telephone:	_____	_____	_____
Fax:	_____	_____	_____

### BANK REFERENCES

Bank: \_\_\_\_\_ Account #: \_\_\_\_\_  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
Province/State: \_\_\_\_\_ City: \_\_\_\_\_  
Postal/Zip Code: \_\_\_\_\_

**PAYMENT METHOD:**  check  credit card  wire transfer  other

### TERMS OF CREDIT

We accept the following terms of credit in respect to our credit account:

1. All invoices are payable in full upon delivery. Interest shall be charged on the unpaid balance, 30 days following the date of delivery at the rate of 1.5% per month (18% per annum).
2. Should Plastibec Inc. be required to institute legal proceedings to recover any amount owing by us, we agree to pay as liquidated damages an amount equal to 18% of the amount owing.
3. The undersigned binds and incurs the liability of the client, but also obliges himself personally and jointly and severally with the client to pay any balance owed to Plastibec Inc. the whole without benefit of discussion nor division.

We authorize Plastibec Inc. to contact the credit references supplied

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE ENCLOSE A COPY OF YOUR LATEST AUDITED FINANCIAL REPORT**

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