

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 2% per month (24% 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 20% 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

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