

CREDIT APPLICATION FORM

Company name Representative

Address Nature of company

Company phone number

City Province Postal code Home phone number

Shipping address Fax number

Associated with

City Province Postal code

President's name # years in operation

Accounting resp.

Purchasing resp. Monthly purchases expected

Name of your financial institution Account # Phone number of your financial institution

Address of your financial institution Fax number of your financial institution

(see other side)

PRINCIPAL SUPPLIERS OR ACQUAINTANCES

Name Phone number

Address Fax number

Name Phone number

Address Fax number

Name Phone number

Address Fax number

PERSONNAL INFORMATION

Name Birth date

Address Social Insurance Number

Business phone number

City Province Postal code Home phone number

Conditions : I (we) have completed this application to obtain credit, and certify that all statements contained thereof are true and correct. I (we) agree that credit inquiries may be made and authorize the release of such information to you. I (we) understand and agree that any credit granted shall be paid promptly in accordance with credit grantor terms and agreements. I (we) also understand and agree that credit grantor may add the legal rate of interest per month to any balance not paid in accordance with said terms and agreements. I (we) also agree, in the event of default, to pay reasonable collection charges, attorney fees and court costs where applicable.

Customer's signature

Representative's signature

Date

V-TO customer number

V-TO INC.
2975 Nelson
St-Hyacinthe (Québec) J2S 1Y5
Tél : (450)774-6849 / 1-800-363-1000
Fax : (450)774-4334 / (514)279-6996 / (418)627-9975

Administration
date

Agreement