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Accounting Department

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Credit Application Form

FOR ALL CREDIT REQUESTS YOU NEED TO (1 +) PURCHASE C.O.D. BEFORE THE ASSESSMENT OF YOUR APPLICATION. IT CAN TAKE ONE (1) WEEK UNTIL IT IS DONE. PLEASE INDICATE THE NAME OF YOUR SALESMAN. PLEASE WRITE THE NAME OF YOUR SALESMAN BUTTOM AT THE PAGE.

Company Information:

Business Name:		Website:
Address:		
Phone:	Fax:	Email:
Shipping Address:		
In operation since:	Monthly purchase +/-:	Contact:

List Full Names and Titles of Contacts:

Chief Officer:	Title:	Direct #:
Accounts Payable:	Email:	Direct #:
Purchaser's Name:	Email:	Direct #:

Bank References

Bank:	Account #:	
Contact:	Fax:	Email:
Address:		

Supplier References (PREFERABLY RELATED TO THE METAL INDUSTRY)

1. Company Name:		Fax:
Contact Name:	Email:	
2. Company Name:		Fax:
Contact Name:	Email:	
3. Company Name:		Fax:
Contact Name:	Email:	
4. Company Name:		Fax:
Contact Name:	Email:	

The terms payment are **NET 30 days** from the date of invoice. There will be an **interest of 18% per year** for all overdue payment. Your credit privileges will be revoked if the account becomes overdue **90 days**. The customer agrees that all goods sold by ACIER LACHINE INC. will remain property of ACIER LACHINE INC. up until final payment of the goods.

I/We expressly consent to ACIER LACHINE INC. to obtain any reports containing credit or personal information that is required in obtaining credit from ACIER LACHINE INC. I/We declare that the information given on this application is true and accurate in every aspect. This declaration for the purpose of obtaining credit from ACIER LACHINE INC. and will remain confidential.

Signature

Title

Date

Acier Lachine Inc. salesman Name