



HEAD OFFICE
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 creditapp@feinc.com

KAHNAWAKE
 TEL.: (450) 632-4407
 FAX: (450) 632-9954

LAVAL
 TEL.: (450) 667-6400
 FAX: (450) 667-6403

SEPT-ÎLES
 TEL.: (418) 960-1302
 FAX: (418) 960-1242

**BOUCHERVILLE
 (DS TECH)**
 TEL.: (450) 655-7447
 FAX: (450) 655-5460

LONGUEUIL
 TEL.: (450) 928-0002
 FAX: (450) 928-1526

CHICOUTIMI
 TEL.: (418) 545-8313
 FAX: (418) 545-9360

TROIS -RIVIERES
 TEL.: (819) 375-1613
 FAX: (819) 375-1191

CAMBRIDGE
 TEL.: (519) 650-1182
 FAX: (519) 650-1186

SHERBROOKE
 TEL.: (819) 780-1541
 FAX: (819) 780-1547

ALMA
 TEL.: (418) 480-1950
 FAX: (418) 480-3555

QUEBEC
 TEL.: (418) 683-1725
 FAX: (418) 683-1726

LONDON
 TEL.: (519) 659-6117
 FAX: (519) 659-7311

HAMILTON
 TEL.: (905) 578-3330
 FAX: (905) 578-3339

OTTAWA
 TEL.: (613) 596-1144
 FAX: (613) 596-3231

SCARBOROUGH
 TEL.: (416) 299-4443
 FAX: (416) 299-4447

WINDSOR
 TEL.: (519) 945-7550
 FAX: (519) 945-1881

NEWMARKET
 TEL.: (905) 853-0911
 FAX: (905) 853-0629

TORONTO
 TEL.: (416) 248-0176
 FAX: (416) 248-2735

ST-JEROME
 TEL.: (450) 431-1954
 FAX: (450) 431-4520

PETERBOROUGH
 TEL.: (705) 745-1626
 FAX: (705) 745-3493

BRANCH: _____ DATE: _____ 20____

PLEASE COMPLETE THIS FORM AND RETURN BY FAX TO YOUR LOCAL BRANCH OR E-MAIL TO creditapp@feinc.com

Individual or Company Name _____

Business Address _____ Tel.: _____

City _____ Postal Code _____ Fax: _____

Home Address of Principal _____ Tel.: _____

Date Business Commenced _____ Type of Business _____

If new, previous Employer _____

ENTITY: *Corporation* *Partnership* *Proprietorship*

Principals or Shareholders			% interest
1. NAME: _____	TITLE: _____	_____	_____
2. NAME: _____	TITLE: _____	_____	_____
3. NAME: _____	TITLE: _____	_____	_____

ARE FINANCIAL STATEMENTS PREPARED? YES NO

IF YES, CAN YOU PROVIDE US WITH A COPY? YES NO

Bank _____ Branch _____

CREDIT REFERENCES (SUPPLIERS, FINANCE CO, OR PERSONAL)

NAME	ADDRESS	TELEPHONE	FAX NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ANTICIPATED MONTHLY PURCHASES \$ _____

OTHER INFORMATION

H.S.T./ G.S.T.	_____
Q.S.T. <small>(If Applicable)</small>	_____

If you pay electronically do you need our bank information ? YES NO

No. of invoice copies

Contact person in accounting

Accounting contact email

Purchase order	YES	NO	
Monthly statement	YES	NO	
Correspondence	Français	English	
Invoice	email	Mail	
Statement	email		Fax

The customer understands that the terms on which the company grants credit are:

1. Accounts are due and payable according to the terms indicated on the statements and invoices.
2. All claims must be made within two (2) days of receipt of goods. No goods may be returned without our approval. A handling charge will be made on all goods returned when supplied as ordered.
3. Concerning my or our application for the credit. I/We consent that you conduct a credit investigation.
4. In consideration of you agreeing to sell merchandise and/or extend credit to me/us, I/we agree to pay service charges of two percent (2%) per month or (26.82%) per year, on the outstanding overdue balance of my/our account, as well as collection and/or legal fees incurred by Franklin Empire, should the case arise.
5. The merchandise sold shall remain the property of Franklin Empire Inc., until purchaser has paid in full.

SIGNATURE : _____

TITLE : _____

NAME IN BLOCK LETTERS: _____

The signee's name must appear in the CIDREQ and/or REQ files. If the signee does not appear, you will need to provide a resolution to the affect the signee is authorized to sign on behalf of your Company.

FOR USE OF CREDIT DEPARTMENT ONLY

OTHER INFORMATION

Account Manager

Customer No.

Branch

Class

Freight Code

COMMENTS

Terms: _____

Amount: _____

Approved by: _____

Date: _____