

440 rue Guindon, St-Eustache Qc J7R 6S5 Tel (450)623-3555 Fax (450)623-3003

## **CREDIT APPLICATION**

Account Opening for which company:			
LE GROUPE XTREME	XTREME INTERNATION	AL XTREME TRANSITAIRE	
NAME OF COMPANY:			
IN BUSINESS SINCE :			
ADDRESS / CITY / PROVINCE / C	COUNTRY:		
POSTAL CODE (ZIP CODE):	TEL:	FAX:	
POSSESSION / HEAD QUARTER	:		
NATURE OF THE BUSINESS :			
REVENUE:			
NAME OF CONTACT FOR ACCO	UNTS PAYABLES :		
E-MAIL FOR ACCOUNTS PAYAB	BLES :		
E-MAIL FOR SENDING INVOICES	<b>3</b> :		
NAME OF PERSON RESPONSIBLE FOR TRANSPORT :			
EMAIL OF PERSON RESPONSIB	LE FOR TRANSPORT:		
CUSTOM BROKER CANADIAN :		USA:	
NUMBER IN CASE OF EMERGENCIES (NIGHTS & WEEK-ENDS):			
SHIPPING & RECEIVING HOURS	:		



## **BANK INFORMATION**

NAME OF BANK		ACCOUNT #:
ADDRESS:	CITY:	PROVINCE :
POSTAL CODE (ZIP CODE):	TEL:	FAX:
CONTACT:		
TRA	ADE REFERENC	CES
NAME :	E-MAIL :	
CONTACT:	TEL :	FAX :
NAME :	E-MAIL :	
CONTACT:	TEL :	FAX :
NAME:	E-MAIL :	
CONTACT:	TEL :	FAX :



## TERMS AND CONDITIONS

The candidate running this application hereby agrees that payment for all services is subject to the following terms and conditions:

- The customer agrees that all amounts due are payable within 30 DAYS (date of invoice.)
- In case where the account is overdue and submitted to collection, the customer agrees to pay all collection costs, including, fees and court costs if any
- The customer authorizes LE GROUPE XTREME Inc, to investigate any credit history, bank details and other information required to proceed with credit application.

SIGNATURE :	DATE :
Titre :	
ALL REQUESTS RECEIVED BY FAX, WILL BE TREATED TEMPORAL AND RECEIVED, OR BY EMAIL AT: <a href="mailto:ar@legroupextreme.com">ar@legroupextreme.com</a>	RILY UNTIL ALL ORIGINALS ARE MAILED
LE GROUPE XTREME, 440 rue Guindon suite 108 Saint-Eustad	che, QC J7R 6S5
Phone: 450-623-3555	

PLEASE VISIT US AT <u>WWW.LEGROUPEXTREME.COM</u>