



Une société de TFI International

354 Route 122, St-Germain, Qc - Canada - J0C 1K0

Tel : (819)395-4213 Fax : (819)395-5146

**FOR OFFICE USE ONLY**

Approved - Amount \_\_\_\_\_

Refused

Reason: \_\_\_\_\_

\_\_\_\_\_  
Credit Manager

**CREDIT APPLICATION**

Name: \_\_\_\_\_ (Company  - Personal  ) NIR/MC/NEQ \_\_\_\_\_

Address: \_\_\_\_\_ BOND # \_\_\_\_\_ CO. \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip code: \_\_\_\_\_

Owner: \_\_\_\_\_ Years in business: \_\_\_\_ Accounts payable contact: \_\_\_\_\_

Phone: \_\_\_\_\_ INVOICES E-Mail \_\_\_\_\_

Mail invoice to (if different address) : \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Contact: \_\_\_\_\_

Address : \_\_\_\_\_ Phone: \_\_\_\_\_

Account number: \_\_\_\_\_ Credit line requested: \$ \_\_\_\_\_ per month

Customs Broker : \_\_\_\_\_ Phone: \_\_\_\_\_

**IMPORTANT**

***PLEASE NOTE THAT OUR CREDIT TERMS ARE 30 DAYS. ALL LATE PAYMENTS WILL BE CHARGED INTEREST AT A RATE OF 1 1/2% PER MONTH OR 18% PER ANNUM. FREIGHT CHARGES MUST NOT BE WITHHELD IN THE EVENT OF A CLAIM OR LITIGATION.***

**REFERENCES**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

I authorize S.G.T. 2000 to obtain or exchange information with any information agent towards establishing or verifying our financial standing.

SIGNATURE and print name: \_\_\_\_\_

Date: \_\_\_\_\_ Position: \_\_\_\_\_ Your SGT sales rep: \_\_\_\_\_

**PLEASE COMPLETE, SIGN AND RETURN TO 819-395-5146**