

Solutions BoomPack inc. 225, boulevard Industriel Châteauguay, QC J6J 4Z2 1-855-CODEBAR www.boompack.com Accounting department Geneviève Hade Tel: 514-562-3849

Email: genevieve@boompack.com

## **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

Business name:				Webs	Website:				
Adress:									
Phone:	Fax:			Email	:				
In operation since:	Monthly p	urchase	· + /-:	Conta	ict:				
Shipping adress:									
List full names and titles of	contacts:					Phone#		Ext.	
Chief officer:		Title:							
Accounts payable:		Email:							
Purchaser's name:		Email:							
Bank references:									
Bank:			Account#		Transi	t: Suo	cc.:		
Branch manager:			Phone:		Email:				
Address:									
Supplier references:									
1.Company name:						Phone:			
Contact :		En	nail:						
2.Company name:						Phone:			
Contact :		En	nail:						
<b>3.</b> Company name:						Phone:			
Contact :		Er	mail:						
<b>4.</b> Company name:						Phone:			
Contact :		En	nail:						
The terms payment are <b>NET 30 DA</b> ' will be revoked if the account beco The customer agrees that all goods I/We expressly consent to Solutions from Solutions BoomPack inc. I/We purpose of obtaining credit from Solutions are solutions.	mes <b>overdue 45 days</b> , we sold by Solutions Boomles BoomPack inc. to obtain declare that the informa	vithout fu Pack inc. v n any repo ition give	rther notice and dea will remain property orts containing cred n on this applicatior	adlines. y of Solution lit or persona	s BoomPack in	c. up until final paym	ent of t	he good credit	
Signature of the bank holder	Title				Date				