



CREDIT APPLICATION

THE FIRST PART MUST BE COMPLETED

Company Name: _____ Telephone: _____
Address: _____ Fax : _____
_____ Email (accounts payable): _____
Accounts payable contact: _____
Email to send the invoices _____
NI/NIR (QC carrier) _____
MC (US carrier) _____
Certification: C-TPAT: _____ SVI #: _____
PIP: _____ Cert. #: _____
CSA: _____ Cert. #: _____

BANK REFERENCE

Bank name: _____ Account director: _____
Address _____ Telephone: _____
_____ Account number: _____

REFERENCES FROM 3 SUPPLIERS

Name: _____ Contact : _____
Address: _____ Telephone: _____

Name: _____ Contact : _____
Address: _____ Telephone: _____

Name: _____ Contact : _____
Address: _____ Telephone: _____

CREDIT TERMS AND AUTHORIZATION

Payment terms: Net 15 days from the date of the invoice.
Credit terms: 2% administration fees per month (24% annual) on balance due.

The undersigned accepts the above mentioned conditions and authorizes Groupe TYT Inc. to obtain the necessary information regarding the company's credit for the sole purpose of opening an account and/or updating the credit file at any time.

Signature: _____ Date: _____
_____ Function: _____
(please print)

675, Lemire Blvd West Drummondville (Québec) J2B 8A9
Phone: 819-474-4884, 800-567-9498 Fax: 819-474-5316