



<p align="center">FOR OFFICE USE ONLY</p> <p><input type="checkbox"/> Approved - Amount _____</p> <p><input type="checkbox"/> Refused</p> <p>Reason : _____</p> <p>_____</p> <p>Credit Manager</p>

354 chemin Yamaska, St-Germain, Qc - Canada - J0C 1K0
Tel : (819)395-4213 Fax : (819)395-5146

CREDIT APPLICATION

Name: _____ (Company - Personal) NIR/MC # _____

Address: _____ BOND # _____ CO. _____

City: _____ Province/State: _____ Postal/Zip code: _____

Owner: _____ Years in business: ____ Accounts payable supervisor: _____

Phone: _____ Fax: _____ 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: _____ **Date:** _____

Position: _____ **Your SGT rep :** _____

PLEASE COMPLETE SIGN AND RETURN TO 819-395-5146