



*** Must be signed***

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CREDIT APPLICATION

LEGAL NAME:	
OTHER NAME (DBA):	
PHYSICAL ADDRESS:	
CITY & PROVINCE/STATE:	POSTAL/ZIP CODE:
PHONE #:	FAX # :
NATURE OF BUSINESS:	
OPERATING SINCE:	
COMPANY OWNER(S):	
PAYABLES CONTACT:	E-MAIL:
NAME OF PERSON(S) AUTHORIZED TO ORDER (DISPATCH):	
DO YOU NEED P.O. NUMBER: NO () YES () WRITTEN () VERBAL ()	
BANK NAME:	ACCOUNT #:
ADDRESS:	PHONE #:

CREDIT REFERENCES

1) NAME:	EMAIL #:	FAX #:
2) NAME:	EMAIL #:	FAX #:
3) NAME:	EMAIL#:	FAX #:

Conditions, collection and utilization of information

As needed, I allow you to:

- a) Obtain information concerning the solvency or the enterprise's financial situation, including those related to its operations. Either upon request, or by consulting any file or database about the company or through credit offices, government services (excluding the ministry of revenue of Quebec and Canada revenue agency), regarding the income tax declaration or any financial or credit institution:
- b) Use the information as following :
 - I. transmit them to credit offices, financial institutions or others involved in the transportation industry;
 - II. make use of them to determine the solvency of the company ;
 - III. use them for any purpose related to the services that the company requests from you. You can give them to anyone working with or for you, but only for the purpose of providing these services.
- c) Obtain, according to your needs, credit reports and other information concerning the company. The applicant agrees that this serves as a notice to that effect and agrees to the following conditions:
- d) 2% late fees, per month, on any past due amounts.

Signature

Title

Date

ADMINISTRATION ONLY			
<i>Payment terms :</i>	<i>Accounts manager name :</i>		
<i>Open date :</i>	<i>Credit limit :</i>	<i>Account # :</i>	<i>Approved :</i>
<i>Original B.O.L. for billing : <input type="checkbox"/> Yes <input type="checkbox"/> No</i>		<i>Billing : <input type="checkbox"/> Fax <input type="checkbox"/> Mail</i>	