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Web : http://www.sylprotec.com

## CREDIT APPLICATION

CONTACT INFORMATION	
Name of your company:	
Address:	
Telephone:	Fax:
Provincial business number:	
President/CEO:	
Accounts payable:	Desired limit:

BANK REFERENCES	
Name of your bank:	
Branch address:	
Telephone:	Contact:
Account No:	

CREDIT REFERENCES	
Name:	
Address:	
Telephone:	Fax:
Contact:	Annual Purchase:

Name:	
Address:	
Telephone:	Fax:
Contact:	Annual Purchase:

Name:	
Address:	
Telephone:	Fax:
Contact:	Annual Purchase:

## CONDITIONS 30 DAYS

In the case that an invoice remains unpaid, Sylprotec inc. retains the right to enter the buyer's premises to recover said items without indemnity or repayment. Merchandise cannot be returned without written permission. Report any damage or loss of goods in transit to the carrier without delay. All prices are subject to change without notice.

With the present form, you authorize Sylprotec inc. to collect information from credit reporting agencies in order to determine your credit score. You allow the exchange of data with these credit reporting agencies and authorize your bank to disclose your account balance if requested by our credit reporting agencies.

Comments:	
Information supplied by:	
Signature:	Date :