



2900 Boul Le Corbusier local 200 Laval Qc Canda H7L 3M2
450-681-3369 toll free 1-888-757-3369

APPLICATION FOR CREDIT

Date:

Legal Name of Company:

Address:

City: Province: Postal Code:

Telephone#: Fax#: Cellular#:

E-mail: Website: Credit Limit Requested:

Shipping Address

Address:

City: Province: Postal Code:

Telephone#: Fax#:

Contact

Buyer Name: Telephone#: Cellular#:

E-Mail: Fax:

Accounts Payable Name: Telephone#:

General Information

Principals Name: Percent owned:

Title: S.I.N.#: D.O.B.:

Res. Address:

City: Province: Postal Code:

Res. Phone: Cellular#:

Principals Name: Percent owned:

Title: S.I.N.#: D.O.B.:

Res. Address:

City: Province: Postal Code:

Res. Phone: Cellular#:

Type of ownership Partnership Limited Proprietorship

Business License#

Years in Business: Nature of Business:

of Years Under Present Ownership: # of Employees: Annual Sales:

Provincial Tax#: GST Registration#:

Name of Any Other Business Owned (Past or Present): Telephone#:

Address:

City: Province: Postal Code:

Do You Own Building Rent Lease

General Information Continued

Landlord's Name and Address:

City: Province: Postal Code:

Telephone#: Cellular#:

Bank Information

Name of Bank: Bank Account#: Telephone#:

Address:

City: Province: Postal Code:

Name that the Bank Account is under:

Major Credit Card: Card#:

Name of the Credit Card Holder: Exp. Date:

Alpha Intercom. covenants that the credit card information issued above is strictly confidential to the establishment and maintenance of the credit account applied for herein. The credit card holder being the undersigned of this application form, covenants by the execution of their signature authorization ALPHA INTERCOM. to obtain monies due pursuant to the card holders agreement they have established with the above credit grantor.

Trade References

1. Supplier Name:

Tel#: Fax#:

2. Supplier Name:

Tel#: Fax#:

3. Supplier Name:

Tel#: Fax#:

Credit Policy

I/We the undersigned agree to pay the account within terms as stipulated on each invoice. I/We the undersigned hereby authorize ALPHA INTERCOM., or its agents, to obtain such credit reports or for other information as may be deemed necessary in connection with the establishment and maintenance of an account for any other direct business reason. If any account becomes in arrears and collection process becomes necessary; all amounts on the account become due in full and terms no longer apply. ALPHA INTERCOM. reserves the right to revoke credit privileges and create closure of an existing account without notice.

Amounts becoming in arrears and/or requiring third party collection processes invalidate any prior terms and/or agreements and all amounts owing will then become immediately due for payment in full. I/We the undersigned have read and understand your terms of credit as indicated above and agree to abide by them.

I/We the undersigned also understand that I/We are PERSONALLY RESPONSIBLE and PERSONALLY LIABLE for payment of all goods and services supplied by, or on behalf of, ALPHA INTERCOM.

1.Principals' Name (Please Print): Title:

Signature: Date:

2.Principals' Name (Please Print): Title:

Signature: Date:



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