



CREDIT APPLICATION FORM

4555, Beaudry Street
Saint-Hyacinthe, (Québec)
J2S 8W2

(Please print)

Tel.: (450) 252-1910 1-855-866-0866

Fax: 1-888-888-7979

E-mail: info@galenova.com web: www.galenova.com

Name: _____ Phone Number: _____

Street: _____ Fax _____

City: _____ Province: _____ Postal Code: _____

GENERAL BUSINESS INFORMATION

Nature of the business: _____ GST: _____

Established since: _____ Number of employees: _____ PST: _____

Purchasing Agent: _____ PO number required: yes no

Accounts Payable contact: _____ Phone: _____

Billing Address (if different from above): _____

Delivery Address (if different from above): _____

TRADE REFERENCES

①	②
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Contact: _____	Contact: _____

BANK REFERENCE

Bank/Branch: _____	Address: _____
Phone: _____	Contact: _____ Account No: _____

We authorize **Galenova to collect or exchange informations in regards of the company.**

An annual interest of 24% will be charged on a monthly basis to all past due account.

TERMS Net 30 days

Authorized Signature: _____ Date : _____

Office Use Only	
Credit authorized by: _____	Customer Number: _____
Date: _____	Credit Limit: _____