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# CREDIT APPLICATION

Date (mm/dd/yy): \_\_\_\_\_

Credit Limit Requested: \_\_\_\_\_

CR-APP01

## GENERAL INFORMATION

LEGAL COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_  
STREET NAME & NUMBER CITY PROV/STATE POSTAL/ZIP CODE

BILLING ADDRESS: \_\_\_\_\_  
STREET NAME & NUMBER CITY PROV/STATE POSTAL/ZIP CODE

BUSINESS TEL #: \_\_\_\_\_ FAX #: \_\_\_\_\_

ACCOUNT CONTACT: \_\_\_\_\_ POSITION: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SHIPPING CONTACT: \_\_\_\_\_ POSITION: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ACC'TS PAY. CONTACT: \_\_\_\_\_ POSITION: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## BUSINESS INFORMATION

BUSINESS TYPE (Check One): Proprietorship  Partnership  Incorporated  LLP

NATURE OF BUSINESS: \_\_\_\_\_

AFFILIATED COMPANIES: \_\_\_\_\_

PRINCIPAL: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL #: \_\_\_\_\_

## BANKING INFORMATION

NAME OF BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ ACCOUNT TYPE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TEL #: \_\_\_\_\_

## CREDIT REFERENCES (please list all three)

COMPANY NAME: _____	CONTACT: _____
BUSINESS TEL#: _____	FAX #: _____
COMPANY NAME: _____	CONTACT: _____
BUSINESS TEL#: _____	FAX #: _____
COMPANY NAME: _____	CONTACT: _____
BUSINESS TEL#: _____	FAX #: _____

I authorize Remco to obtain credit information on the above named entity for the purpose of establishing a credit limit. I agree to maintain the account in good standing and abide by the payment terms as agreed with Remco. An Administrative Charge of 1.5% per month will be charged on all overdue accounts. Overdue accounts may be subject to a suspension of services.

\_\_\_\_\_  
AUTHORIZED SIGNATURE - I have authority to bind this entity

NAME & TITLE: \_\_\_\_\_

PLEASE PRINT