



SIEGE SOCIAL/ HEAD OFFICE
 165 Deslauriers, St-Laurent (Québec) H4N 2S4
 Tél.: (514) 745-1212 (800) 363-1501 Fax: (514) 745-1215
 OTTAWA
 1153 Newmarket, Ottawa, (Ontario) K1 B 4N4
 Tél.: (613) 746-1212 (800) 263-5986 Fax: (613) 746-2926
 QUÉBEC
 2555, rue Watt, Porte #9, Ste-Foy (Québec) G1 P 3T2
 Tél.: (418) 656-9458 (800) 463-5925 Fax: (418) 656-6940

MATANE
 90, rue du Port, Porte #4, Matane (Québec) G4W 3M6
 Tél.: (418) 566-6033 (800) 831-6033 Fax: (418) 562-9471
 CHICOUTIMI
 1225, rue de la Manic, Chicoutimi (Québec) G7K 1A1
 Tél.: (418) 549-8886 (888) 308-0388 Fax: (418) 549-8488

Professional Solution for the flooring Installation Industry

Please Fill form Clearly

CREDIT APPLICATION for Installer's

Company Name		Company Started In :			
Contact		email :			
Address		Buying From :			
City	Office Phone			Corporation	
Province	Fax No.			Association	
Postal Code	Cellular No			Registered	
Install for		Phone :			
Monthly Purchase	PST Number				

COMMERCIAL REFERENCE

Company Name	Contact	Telephone	Fax No.
Bank	Branch	City	Province
Telephone	Account No.	Credit card No & type	Drivers Licence
Social Security Number		Automobile Licence	

A. A charge of two percent (2%) (28.0% Annually) will be added on past due amounts according to invoice terms.
 B. I authorize Prosol Distribution Inc. to obtain or exchange personnel information about me with any credit agent personnel for the purpose to establish and to verify my financial situation.
 C. The company and owner hereby agree that each are jointly and severally responsible for all obligations undertaken herein by the company, and the company hereby represents that the owner is authorized by resolution of the company to sign the present sales agreement. The owner and company hereby agree that the terms herein shall be continuing and shall cover present liabilities (if any) of the company or owner to Prosol Distribution Inc. and all such liabilities incurred after the date hereof. Date : _____

Company : _____

By : _____

Signature for the Company

Owner Name : _____

By: _____

Signature For the Owner

Account No.	Credit Limit	Term	Credit Code	Salesman No.

Credit Manager :

Sales manager :