



CREDIT APPLICATION FORM

COMPANY INFORMATION

Name of the company: _____
Address: _____
City: _____ Province: _____ Postal code: _____
Phone: _____ Fax: _____ E-mail: _____
Number of employees: _____ Year of foundation: _____ Main activity: _____
President / Owner: _____
Purchasing manager: _____ E-mail: _____
Accounts payable manager: _____ E-mail: _____

TRADE REFERENCES

Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
Phone: _____	Phone: _____
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
Phone: _____	Phone: _____

BANK REFERENCES

Bank: _____ Account manager: _____ Account number: _____
Address: _____ City: _____
Province: _____ Postal Code: _____

DESIRED CREDIT LIMIT: _____

I hereby certify that the information contained herein is complete and accurate.

Name: _____
Title: _____

Signature: _____
Date : _____

SEND FORM

PRINT



HEAD OFFICE - PLANT
P.O Box 158, 21, Parc Industriel St
Saint-Pacôme (Qc), CANADA - G0L 3X0
Tel.: 418.852.2098 - 1.888.745.2552
Fax: 418.852.3330
Web Site : akka.ca - e-mail : info@akka.ca

STORE & WAREHOUSE
2700, Jean Perrin St, office 117
Québec (Qc), CANADA - G2C 1S9
Tel. : 418.407.1951
Fax: 418.407.1953