

DUFRESNE STANDARD & SPÉCIAL INC.

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CREDIT APPLICATION

Capital Letters Please	
BILL TO	
Company Name	
Address	
City	
Postal Code	
Telephone TVQ Number	Fax GST Number
In business since	Type of Business
Principal owner	Buyer
SHIP TO Same as BILL TO	
Company Name	
Address	
City	
Postal Code Talanhana	 Fax
Telephone	FdX
CREDIT REFERENCES (Regular Suppliers)	
• Name	2 Name
Address	Address
Telephone	Telephone
Fax	Fax
Name	Name
Address	Address
Telephone	Telephone
Fax	Fax
INFORMATION REGARDING YOUR PAYABLE ACCOUNTS	
Responsible	10000110
Address	
Telephone	Fax
TERMS OF PAYMENT: NET 30 DAYS	
I authorize DUFRESNE STANDARD & SPÉCIAL INC. to verify all the above informations. Also, I authorize the representative of the companies mentionned above to give you credit information on our enterprise.	
Autorized Signature	Name and Title
Date	