

387, Sainte-Croix Avenue

Phone : (514) 737-2524

Saint-Laurent,

Polymed Chirurgical Inc.

Toll Free: 1 (800) 361-9840

Quebec H4N 2L3

Fax : (514) 737-9135

Complete and return by fax or email

Email : Contact@polymed.ca

CREDIT APPLICATION

SECTION RESERVED TO THE USAGE OF POLYMED CHIRURGICAL INC.

Customer number:	Date:		
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VENDOR :

2. Company information

N.E.Q :

CONDUCTING BUSINESS UNDER THE NAME OF :	BUSINESS CATEGORY :
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DELIVERY ADDRESS:	BILLING ADDRESS:
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Street:	Street:
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City, Prov.	City, Prov.
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Postal code:	Postal code:
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Phone number:	Phone number:
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Fax number:	Fax number:
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3. Administration

RESPONSIBLE OF ACCOUNTS PAYABLE	FINANCIAL SUPERVISOR
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Name:	Name:
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Phone number:	Phone number:
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Fax number:	Fax number:
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Email address for billing :

PERSON RESPONSIBLE OF THE PURCHASE:	Phone number:
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4. References

FINANCIAL INSTITUTION & ACCOUNT NUMBER:	NUMBER OF YEARS:
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FINANCIAL INSTITUTION ADDRESS

Street:

City, Prov. :

Postal code:

SUPPLIER REFERENCES

Name:	Name:
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Phone number:	Phone number:
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Number of years:	Number of years:
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Name:	Name:
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Phone number:	Phone number:
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Number of years:	Number of years:
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CREDIT APPLICATION (continued)

5. Terms of credit and agreement

Following the approval of the present credit application, the customer will be granted the credit benefits as per the following conditions:

1. Polymed Chirurgial Inc. reserves its rights to keep sold merchandise until final payment of the sale is received.
Payment default or significant payment delays render Polymed Chirurgial Inc. the right to claim interests of 1,5% per month (18% per year).
2. Credit benefits may be suspended should the customer's account be in default or deemed at risk of credit according to Polymed Chirurgial Inc.
3. Merchandise return is subject to Polymed Chirurgial Inc.'s policies and approval, restocking fees will be applied according to the rates in effect.
4. The parties choose to elect domicile in the judicial district of Montreal during the course of the exercise of these rights.
- 5.

6. Authorized signature (required for credit application)

Name:

Signature:

Occupation:

Date: