



Systemes LMP Inc.
970, Paul Kane
Laval, Quebec H7C 2T2
recevables@lmpinc.ca

CREDIT APPLICATION

INFORMATION

Legal name of the company: _____
 Address: _____
 City: _____ Province : _____ Postal code: _____
 Email: _____
 Phone : _____ Fax: _____
 GST # _____ QST # _____

ACCOUNTS PAYABLE INFORMATION

Contact name: _____
 Phone : _____ Fax: _____
 Email: _____
 Email address to receive invoices : _____

BANKING INFORMATION

Name of the bank: _____
 Address of the bank: _____
 City: _____ Province : _____ Postal code: _____
 Phone : _____ Fax: _____
 Person to contact: _____
 Account number : _____

NAME OF OWNERS / SHAREHOLDERS

Name: _____ Title: _____
 Name: _____ Title: _____
 Name: _____ Title: _____

CREDIT REFERENCE

Company name: _____
 Address: _____
 City: _____ Province : _____ Postal code: _____
 Email: _____
 Phone : _____ Fax : _____

Company name: _____
 Address: _____
 City: _____ Province : _____ Postal code: _____
 Email: _____
 Phone : _____ Fax: _____

The customer accepts the following conditions:

Payment terms : net 30 days

Name: _____ Signature: _____ Date: _____