

CREDIT APPLIC

Telephone:

Telephone:

Telephone:

	NAME HEREIN AFTER REFERED TO AS "COMPANY"
	Alliance Logistic Solutions Inc.
	Alliance Warehousing
	Minimum credit limit required
COMPAN	NY NAME HEREINAFTERREFERED TO AS "DEBTOR"
Company Name:	
Type of business:	
Address:	
City:	
Postal Code:	
Telephone # :	
Fax # :	
Since when is your compa	any operating?
Accounts payable email a	iddress :
Name of accounts payabl	e person :
ACCOUNT MANAGE	R:
Name :	
Telephone:	
Email :	
	Famell .
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1136 chemin Royal, St-Pierre-ile-d'Orleans, Qc GOA 4EO Canada

Phone: 581-318-8919

HEAD OFFICE

President:

Name :

Name :

Name:

Name:

Account number :

Return completed and signed through email at: credit@alliancelsi.com

Vice-president: Finance Dir : provincial tax #: federal tax #:

BANKING INSTITUTION:

SUPPLIER REFERENCES:

- TERMS AND CONDITIONS AGREEMENT 1. The complete payment of each invoice is due 30 days after the invoice date. After the due date, the customer und of 2% per month (26,8% per year) calculated and compounded monthly from the due date of each invoice.
- 2. If it is necessary to refer the account to a collection agency or a lawer, the customer accepts to pay along with the
- 3. This credit application will take effect from the time it is approved by the "company" credit departement.
- 4. The customer will be in default to execute any of its obligations mentioned herein by the mere elapsing of the time. formal demand required.
- 5. The parties herein declare that any litigation between them will be governed by the laws of the Civil Code of Queb agreement and any sale shall be in judicial district of Quebec City in the province of Quebec, the only district to h
- 6. All claims made by the customer must be received by the 'companies' within ten (10) days of the receipt of the go received the goods in good delivery conditions.
- 7. I agree to receive e-mail messages on service proposals, promotions, and company information. It is possible to w

I, undersigned, consent and authorize all representatives of the 'COMPANY' to obtain all information n I also authorize the 'COMPANY' to communicate with third parties and use the information on all purpo authorize all concerned parties to divulgue to the 'COMPANY' all information requested by the 'COMPA NAME OF AUTHORIZED SIGNING OFFICER / TITLE SIGNATURE I, undersigned, hereby guarantee solidarity with the 'DEPTOR' in favour of the 'COMPANY' to perform any and all present and future obligations

NAME OF AUTHORIZED SIGNING OFFICER / TITLE	SIGNATURE	DATE		
engagement which will remain valid even if I was not exercing any particular function in the company I represent and that I caution.				
towards the 'DEBTOR'. I also expressly renounce benefits of discussion and division and declare having read all the general clauses and the present				