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## CREDIT APPLICATION

DATE :				
<b>NAME OF BUSINESS</b>				
LEGAL (IF DIFFERENT)			YEARS OF BUSINESS	
ADDRESS :			<input type="checkbox"/> PROPRIETORSHIP	
CITY :			<input type="checkbox"/> PARTNERSHIP	
STATE :		POSTAL CODE	<input type="checkbox"/> CORPORATION	
PHONE :		FAX :		
<b>COMPANY PRINCIPALE RESPONSABLE FOR BUSINESS TRASACTION</b>				
NAME :			TITLE :	
ADDRESS :				
CITY :			POSTAL CODE :	
PHONE :		FAX :		
<b>BANK REFERENCE</b>				
NAME OF BANK			CONTACT	
NAME ON ACCOUNT :		ADDRESS :		
CHECKING ACCT. NO :			PHONE :	
<b>TRADE REFERENCE</b>				
COMPANY NAME :	CITY	PHONE	FAX	ACCOUNT NO
<b>CREDIT CARD INFORMATION</b>				
VISA	NO		EXP. DATE	
MASTER CARD	NO		EXP. DATE	
<b>CONFIRMATION OF INFORMATION AND SIGNATURE</b>				
<p>I HEREBY CERTIFY THAT THE INFORMATION IN THIS CREDIT APPLICATION IS CORRECT. THE INFORMATION PROVIDED IN THIS CREDIT APPLICATION IS FOR THE USE OF AUDACE LUNETTES IN THE DETERMINING THE AMOUNT AND CONDITIONS OF CREDIT TO BE EXTENDED. I UNDERSTAND THAT AUDACE LUNETTES MA ALSO USE OTHER SOURCE OF CREDIT, AS CONSIDERED NECESSARY TO ASSIST IN ESTABLISHING A LINE OF CREDIT. SHOULD FAILURE TO PAY THE INVOICES OF AUDACE LUNETTES, WHEN DU, RESULT IN COLLECTION AND / OR LITIGATION, THE CUSTOMER SHALL PAY AUDACE LUNETTES ALL COLLECTION AND / OR LITIGATION COSTS INCLUDING ATTORNEY FEES. IF FOR ANY REASON I AM UNABLE TO PAY WHEN DUE, I AGREE TO PAY AND AUTHORIZE YOU TO BILL MY ACCOUNT OF INTEREST AT THE HIGHEST RATE ALLOWED WHERE THE UNDERSIGNED RESIDES. FURTHERMORE, FRAMES WILL ONLY BE RETURNED FOR EXCHANGE OR CREDIT TO MY ACCOUNT. A RETURN AUTHORISATION MUST ACCOMPANY ALL RETURNS. CREDIT TERMS ARE CURRENT MONTH.</p>				
SIGNATURE :				
TITLE :			DATE :	