



UKAL
Le monde de l'élevage

7525, rue Pion
Saint-Hyacinthe
Quebec, J2R 1R8
Tel : 450-796-1414
Fax : 450-796-1415

Date : ____/____/____
 Approbation : _____

Credit Application Form

Product : Item 1 Item 2 Item 3 Item 4 Item 5 Item 6
 Annual Estimated Volume: _____

Business Name _____ Operating Since : _____

Billing Address : _____ City : _____ Postal Code : _____

Telephone : (____) _____ Fax : (____) _____ Email : _____

Business Sector: _____ Credit Limit: \$ _____

Shipping Address: _____ City: _____ Postal Code: _____

Telephone : (____) _____ Contact : _____

Annual turnover : \$0-\$250,000 \$250,000-\$500,000 \$500,000-\$1,000,000 \$1,000,000- 5,000,000 \$5,000,000+

Would you like your monthly statement by Email?: Yes () No ()

Payment type : Credit Card () Par Internet () By mail () Bank transfer ()

Type of Business : Individual () Partnership () Provincial/Federal Corporation () Non-Profit () Other : _____

Owner's name(s)	Address	Telephone	Birth Date
_____	_____	(____) _____	____/____/____
_____	_____	(____) _____	____/____/____
_____	_____	(____) _____	____/____/____

Financial Institution Account # Transit Address Telephone

Do you have a line of credit: No () Yes () If yes: Amount : \$ _____ Percentage used?: ____%
 Are you doing business with another bank? No () Yes () Other bank : _____

Supplier references

Name	Address	Telephone	Fax
_____	_____	(____) _____	(____) _____
_____	_____	(____) _____	(____) _____
_____	_____	(____) _____	(____) _____

Conditions and authorisation

I consent, if my credit is accepted, to pay all bills and account balances according to the conditions, terms of credit of **Ukal Canada Inc.** The payment term is NET 30 DAYS unless otherwise indicated on the bill.

I consent to pay interest at a rate of 2% monthly (26.82% annually) on any unpaid account after its term. I also promise to pay, in addition to the interest and judicial fees, an amount equivalent to twenty five (25) percent of any overdue account that must be handed over for collection to a recovery agency and/or a law firm. Any lawsuit will be dealt with in the jurisdiction of Saint-Hyacinthe.

I hereby certify that the information given in the present credit application is exact and true. I authorize **Ukal Canada Inc.** Inc. to collect or exchange information on my creditworthiness and/or my financial situation, with my financial institution, credit bureaus and any other concerned party.

I, the undersigned, personally guarantee payment to **Ukal Canada Inc.** of all the purchases from the date of the present agreement, and consequently, revoke any discussion recourse and division.

Signed in _____ the _____ day of _____ 20__

Signature of the authorized representative and guarantor

Print Name _____