



**Credit Application / Demande Ouverture de Compte**

P&B Transport  
8990 Pascal Gagnon, St Leonard Quebec Canada  
PH: 514-955-0844 Fax: 514-955-7485

**IDENTIFICATION**

Date: _____
Company's Name: _____
Adress : _____
City _____ Prov. / State: _____
postal / Zip code _____ Country _____
Tel.: ( ) _____ Fax: ( ) _____

**CONTACT : compte fournisseurs / accounts payable**

Name _____
Billing Address _____
Tel.: _____

**RÉFÉRENCE BANCAIRE / BANK REFERENCE**

Name of Bank: _____
Branch address: _____
Tel.: ( ) _____ Account No.: _____
contact: _____

**RÉFÉRENCES DE FOURNISSEURS / SUPPLIER REFERENCES**

<b>1 - Name :</b> _____ Tel.: _____
Address: _____ Fax : _____
City : _____
<b>2 - Name :</b> _____ Tel.: _____
Address: _____ Fax : _____
City : _____
<b>3 - Name :</b> _____ Tel.: _____
Address: _____ Fax : _____
City : _____

**TERMES / TERMS**

**PLEASE NOTE THAT OUR CREDIT TERMS ARE 30 DAYS.**

All late payments will be charged interest at 2% per month (24% per year).  
It is agreed that Freight charges must not be withheld in the event of a claim or litigation.

**AUTORISATION / AUTHORIZATION**

I authorize P&B Transport to obtain or exchange information with any information agent towards establishing or verifying our financial standing.

_____	_____	_____
Client signature	Position	Date
I, the undersigned, _____, residing and domiciled at _____ _____, stand as surety of _____ I personally, jointly, and severally, commit myself with _____ to fulfill all obligations resulting from transport movements handled to P&B Transport Including the payment of freight charges and I do renounce to all benefits of division and discussion.		

Signature Caution / Surety

Date