



**Credit Application \*\*\* Confidential \*\*\***

PLEASE PRINT CLEARLY

Date \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Prov/State \_\_\_\_\_  
Postal/Zip Code \_\_\_\_\_ Contact \_\_\_\_\_  
Tel \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail \_\_\_\_\_ Web Site \_\_\_\_\_

**Business Information**

Type of ownership Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ other (specify) \_\_\_\_\_

Business No. \_\_\_\_\_

Nature of Business \_\_\_\_\_

Years in business \_\_\_\_\_; at above location \_\_\_\_\_

Number of branches owned/operated by this company \_\_\_\_\_

If more than one, does each pay/purchase individually? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this company operate under other Trade Names? \_\_\_\_\_

Credit limit requested \_\_\_\_\_ Terms requested \_\_\_\_\_

**Principle(s) / Owner(s)**

Name \_\_\_\_\_ Title \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Does company use a Purchase Order System? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, is it Verbal \_\_\_\_\_ / written \_\_\_\_\_ ?

Is the company PST exempt? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach a copy of your PST exemption form with Credit application.

**Le Groupe Spectre Sonore 3400, Boul. Losch, Local 34 St-Hubert (Qc) J3Y 5T6**  
[www.spectresonore.com](http://www.spectresonore.com) Tél. : 450-812-4400 Fax : 450-812-4401



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Please list persons authorized to place orders

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

**Banking Information**

Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov/State \_\_\_\_\_

Postal/Zip Code \_\_\_\_\_ Contact \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Years dealing with this Bank \_\_\_\_\_

How many signatures required on cheque? \_\_\_\_\_

**Trade References**

Please be advised that references such as Staples, Home Depot, payroll services and/or telephone service providers will not be considered; only those specific to your business/trade.

Name \_\_\_\_\_

Address \_\_\_\_\_ Prov/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

City \_\_\_\_\_ Yrs doing business \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Contact \_\_\_\_\_ High Credit \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Prov/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

City \_\_\_\_\_ Yrs doing business \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Contact \_\_\_\_\_ High Credit \$ \_\_\_\_\_



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Name \_\_\_\_\_

Address \_\_\_\_\_ Prov/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

City \_\_\_\_\_ Yrs doing business \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Contact \_\_\_\_\_ High Credit \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Prov/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

City \_\_\_\_\_ Yrs doing business \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Contact \_\_\_\_\_ High Credit \$ \_\_\_\_\_

**\*Customer Declaration**

\_\_\_\_\_ authorizes and consents to the receipt, exchange and use of information about us by Le Groupe Spectre Sonore and its affiliates for the purposes of obtaining credit or increasing a line of credit and the sharing or exchanging of reports and information with credit reporting agencies, credit bureaus and/or any other person, corporation, firm or enterprise with whom the company has or proposes to have a financial relationship. We authorize these parties to give Le Groupe Spectre Sonore the necessary financial information. By signing below, we certify that the information given is true and correct and that the account balance will be paid according to the terms of sale/rental. All invoices are due in whole within (30) days of the invoice date, unless stated otherwise on our invoice. An annual rate of 24%, or 2% per month, will be charged on any unpaid balance beyond the 30 day initial term and will include the initial 30 days. The client agrees to pay all interest. Le Groupe Spectre Sonore remains owner of the merchandise sold and the client will only have ownership once the invoice is paid in full **including any interest charges**. The client is responsible for any risks and obligations linked with purchased or rented merchandise from the moment Le Groupe Spectre Sonore hands the equipment to the transporters. Merchandise cannot be returned for credit unless approved in advance by Le Groupe Spectre Sonore headquarters.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



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\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

Sales Representative \_\_\_\_\_

Rentals Representative \_\_\_\_\_

Credit Limit     \$ \_\_\_\_\_     Terms \_\_\_\_\_

Other Information  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature \_\_\_\_\_     Date \_\_\_\_\_