



Fax : 1 800 665-0349

**Head Office**

6500, rue Armand-Viau  
Québec (Qc) G2C 2J6  
Phone: 1 800 463-4412

**Ontario Office**

241 Consortium Court  
London, (On) N6E 2S8  
Phone: 1 877 373-7587

# ***Credit application form***

The highlighted fields are required and mandatory  
for the processing of the application.

## **General information**

Complete legal business name (the "Client") :

Address :

Province :

City :

Postal code :

Phone :

Fax :

Email :

In business since :

Banner (Rona, BMR, COOP, etc. if applicable) :

Federal tax number :

Provincial tax number :

Person in charge of purchases :

Email :

“ “ of payable accounts :

Email :

Estimated annual purchases :

Desired credit limit :

Credit card number (Visa or MC) :

Expiration :

CVV:

Owner(s) :

Email :

GE Account # :  
(If applicable)

TCF Account # :  
(If applicable)

## **PRODUCTS**

### **Commercial interests**

Honda

Expertland

RK compressor

Greenworks

Redmax

Eagle compressor

Stiga

Agri-Fab

Aspen Fuels

# Credit references

## Financial institution references

Complete financial institution legal name :

Address :

Phone :

Fax :

Person in charge :

Account number :

Notes

## Supplier references

Supplier name :

Address :

**Fax :**

Supplier name :

Address :

**Fax :**

Supplier name :

Address :

**Fax :**

Administration only

Type		Représentant	
Region		Site Web	

Note :

## Terms and Conditions of Sale between Équipements ESF inc. and the Client.

1. **PROPERTY OF MERCHANDISE** : The Client hereby agrees that all goods and products sold by Équipements ESF inc., (collectively the «merchandise ») to the Client after the date hereof shall remain the property of Équipements ESF inc. until the complete and full payment of the sale price by the Client.
2. **CLAIMS** : No returns shall be accepted without prior authorization from Équipements ESF inc..
3. **SERVICE CHARGES AND FEES** : In the event of a default to pay according to the Terms and Conditions of Sale, the Client shall pay service charge at a rate of 2% per month (26,82% par annum) on all accounts past due.
4. **FAILURE TO PAY** : In the event of a failure to pay in conformity to the Terms and Conditions of Sale, Équipements ESF inc. shall forthwith have the right, at its option, to either:
  - i. To close the Client's account, or demand payment of all amounts due (principal, interests, costs and accessories) or
  - ii. To retake possession of the merchandize sold, without the necessity of notice or judicial proceedings (handling fees of 15%)
5. **LEGAL FEES**: Upon demand, the Client hereby agrees to pay to Équipements ESF inc. penalty fees in the order of 15% of all account past due resulting from all action, legal proceeding, enquiry, claim or procedure in order to recover the monies which are due to Équipements ESF inc..
6. **ELECTION OF DOMICILE AND INTERPRETATION** : The parties agree that this agreement shall be interpreted by the internal laws of the Province of Quebec. The parties elect domicile in the judicial district of Quebec, Province of Quebec, Canada.
7. **CONTRACTED ACCOUNT** : This commercial credit application applies on all accounts already contracted and for all transactions to come between the Client and Équipements ESF inc.
8. **FIRST ORDER** : The total amount of the first order will be of a minimum of \$1,000 (before taxes) and will be payable by credit card (Visa or MasterCard only).
9. **PAYMENT METHOD** : Until the Client's annual purchases reach a minimum of \$2,500, orders will be paid by credit card (Visa or MasterCard only). Once this minimum requirement is met, and on the Client's request, the account can be modified. The Client will have to provide his financial statments for analysis and, following the approval of Équipements ESF inc., an amount for the credit limit will be granted for payment on a NET 30 DAYS basis.

The Client, hereby accepts and consents to comply in all respects with the terms and conditions of sale established in this convention.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Credit Reference Authorization

The undersigned hereby represents, warrants and certifies that all information contained herein or otherwise provided by the Client to Équipements ESF inc. is complete and accurate as of the date hereof. The Client hereby expressly authorize Équipements ESF inc., its agents and representatives to obtain any and all information concerning the Client, its credit, business, affairs, assets and undertaking from any third party including, without limitation, any supplier or lending institution. The Client hereby irrevocably unconditionally consents to the disclosure of all such information obtain by Équipements ESF inc. to any third party who may hereafter request it from time to time.

The Client acknowledges having read and understood the Terms and Conditions of Sale described above and agrees to be bound by such Terms and Conditions of Sale and to comply in all respects with such Terms and Conditions of Sale.

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Remember...

Sign the form and return it by fax or by mail. DO NOT return the document by email as we need your actual signature to establish the form's authenticity.

Here are our fax numbers: (418) 845-5252 or 1 800 665-0349

Our address is: Équipements ESF inc., 6500 Armand-Viau, Québec, (Qc), Canada, G2C 2J6

As with all forms, you are responsible for the completeness and accuracy of the information you provide.

Acrobat®Reader® does not let you save the information you have entered in your form. Photocopy the completed form or print a second copy for your records.



**DATE :**

**NAME :** Accounting Department

**FAX :** 418-845-2430

### **RECIPIENT**

**NAME :**

**ENTREPRISE :**

**ACCOUNT # :**

**FAX :**

### **CREDIT CARD AUTHORIZATION**

I give authorization to Équipement E.S.F. Inc. to charge my orders on my credit card.

Credit Card # :

Expiry date :

CVV # :

Card owner :

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Signature

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Date