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## CREDIT APPLICATION

(Please print)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### GENERAL BUSINESS INFORMATION

Nature of the business: \_\_\_\_\_ GST: \_\_\_\_\_  
 Established since: \_\_\_\_\_ Number of employees: \_\_\_\_\_ PST: \_\_\_\_\_  
 Purchasing Agent: \_\_\_\_\_ PO number required: yes  no   
 Accounts Payable contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Billing Address (if different from above): \_\_\_\_\_  
 Delivery Address (if different from above): \_\_\_\_\_

### TRADE REFERENCES

**(Medisca, PCCA, Xenex & wholesalers can't be verified as references)**

①	②
Name: _____	Nom: _____
Address: _____	Adresse: _____
City: _____	Ville: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Contact: _____	Contact: _____

### BANK REFERENCE

Bank/Branch: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Contact: \_\_\_\_\_ Account No: \_\_\_\_\_

We authorize Galenova to collect or exchange informations in regards of the company.

An annual interest of 24% will be chargeson a monthly basis to all past due account. **TERMS Net 30 days**

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

Office Use Only

Credit authorized by: \_\_\_\_\_ Customer Number: \_\_\_\_\_  
 Date: \_\_\_\_\_ Credit Limit: \_\_\_\_\_