



MONTREAL, QUEBEC (HEAD OFFICE) :

Emballages C & C Packing LP
6800 boul. des Grandes Prairies Saint-Léonard, QC CANADA H1P 3P3
(514) 939-2273 Telephone
(514) 939-4344 Main fax
(514) 939-8000 Fax [sales and purchasing office]
(800) 388-0615 Toll Free

CUSTOM CREDIT APPLICATION FORM

Registered Name (please print) :

Trade Name :

Business Address :

City :

Province :

Postal Code :

Phone No. :

Facsimile No. :

Accounts Payable Contact :

E-mail :

Shipping Address (if different than above) :

Type of Business (check the appropriate) :

JOBBER WHOLESALE RETAILER PURVEYOR IMPORTER / EXPORTER

Do you use outside storages ?

YES NO

Do you export product ?

YES NO

When you purchase, are your order picked up or delivered ?

PICKED UP DELIVERED

How many locations do you have ?

1 2-3 3-5 5+

What are your annual sales (millions) ?

10- 10-20 20-40 40-60 60-80 80-100 100+

How many employees do you have ?

0-10 10-25 25-50 50-100 100-200 200+

Are you a FEDERAL or PROVINCIAL plant ?

YES NO

Are you HACCP accredited ?

YES NO

No. of years in Business :

Legal form of Business :

PROPRIETORSHIP PARTNERSHIP CORPORATION

1) Premises :

OWNED RENTED

2) Equipment :

OWNED RENTED

If applicant is a subsidiary, please provide name of Parent Company :

PRINCIPALS

1) Name :

1) Address :

1) City :

1) Home Phone :

2) Name :

2) Address :

2) City :

2) Home Phone :

CREDIT INFORMATION

Are your account receivable insured ?

YES NO

If yes, with which Insurance Company ?

Are Financial Statements Available ?

YES NO

Estimated weekly purchases : (in \$)

Bank Name :

Branch :

Phone Number :

Facsimile Number :

Manager / Contact :

Number of years :

TRADE REFERENCES (MEAT / FOOD SUPPLIERS PREFERRED)

1) Name : Contact :

Address : City :

Phone Number : Facsimile Number :

2) Name : Contact :

Address : City :

Phone Number : Facsimile Number :

3) Name : Contact :

Address : City :

Phone Number : Facsimile Number :

4) Name : Contact :

Address : City :

Phone Number : Facsimile Number :

TERMS & CONDITIONS

1. Any discrepancies must be reported within 48 hours of reception of product.
2. Credits will not be accepted without a confirmation from our salesman.
3. All products remain the property of C & C Packing Inc. until full payment for product has been received.

TERMS: NET 7 DAYS

I, the undersigned, accept all terms and conditions as described above. I authorize our Banking Institution and all references above to release information to C & C Packing Inc. for purpose of opening an account.

An authorized check-signing officer must sign this application.

Print Name :

Position :

Authorized Signature :

Date :