

REQUEST FOR CREDIT

Fax: 418-699-1210

Please telecopy this request, duly signed, to the attention of our Credit Department.

If you encounter transmission problems, or if you wish to contact our Credit Department, please dial 418-699-4350.

Company name : _____

Invoicing address : _____

City : _____ Province : _____ Postal code : _____

Telephone : _____ Telec. : _____ E-Mail address : _____

Name and title of representative : _____

Delivery address : _____

Provincial Tax # : _____ Federal Tax # : _____

Maximum credit required : _____

Type of organization : _____ Your SIC code (if known) : _____

of employees : _____ Premises : Owned Rented In business since : _____

Organization : Partnership Unique owner Joint venture organization

Owners : _____

Commercial references / city

1. _____ / _____ Tel. # : _____ Telec. # : _____

2. _____ / _____ Tel. # : _____ Telec. # : _____

3. _____ / _____ Tel. # : _____ Telec. # : _____

Principal banking references : _____

Address : _____

Account # : _____ Tel. # : _____ Telec. # : _____

Branch/division you are in relation with : LD DMC Epsilon

City : Saguenay Québec Trois-Rivières Laval Sept-Îles

Statements of accounts required : Yes No **Invoicing :** E-Mail Fax

Acceptance and authorization

I hereby accept all terms and [sales conditions](#) required by Groupe LD and authorize the supplier to obtain and exchange credit information on the organization and its administrators.

Signed in _____ on _____
(city) (date)

Authorized signature :

Witness :

(signature)

(signature)

(name in prints)

(name in prints)

2007.10.15

