



Les Distributions
AUTOMONT
 Distributions Inc.

2120 De la Province,
 Longueuil, Qc. J4G 1R7
 Canada
 Tel: (450) 679-7470
 Fax : (450) 679-7515
 www.automont.com

Credit application form

Corporate name:	Tel:
Address: City: Province: Postal Code:	Fax::
	e-mail :
	How long in business:
	Type of business:
Owner(s):	Other business:
	Age:
Personal address:	Previous job:
	How long:
Bank:	Bank account number:
Bank Address:	Bank account manager:

Other references & suppliers

Name:	Name:	Name:
Address:	Address:	Address:
Contact:	Contact:	Contact:
Tel:	Tel:	Tel:

1. Automont Distributions Inc. cannot be held responsible for damages resulting from delay or default in delivery.
2. All claims for damaged, defective or not ordered merchandise must be made within (15) fifteen days of delivery, failing which it will be deemed that the customer is satisfied.
3. The warranty shall be limited to partial or total reimbursement of the price paid or invoiced, whichever is the case. The customer waives other claims for damages. Automont Distributions Inc. reserve themselves the right to bill for handling on returned merchandise. This clause is under reserve of any claim under warranty which the customer could have against the manufacturer.
4. The customer assumes full responsibility for storing the merchandise. He is also fully liable for all losses and damages after delivery.
5. All merchandise purchased from Automont Distributions Inc. will remain the property of Automont Distributions Inc. until full payment of all amounts due on the said merchandise except merchandise which have been sold and delivered in the normal course of business by the customer.
6. All invoices shall be payable net 30 days and all arrears and overdues will bear interest at the minimum rate of 1.5%/month or 18%/annum.

I, undersigned, declare that all the information supplied in this Credit Application Form is true and accurate, that I am authorized to request a charge account at and/or of its subsidiaries. Furthermore by signing below the Credit Application Form, I agree and consent to authorize Automont Distributions Inc. to obtain from any credit reporting agency or any other source, such information as Automont Distributions Inc. may see appropriate at any time in connection with the credit hereby applied for. I acknowledge that I am jointly and severally liable for all purchases and/or services requested from Automont Distributions Inc. under my own name, trade name or corporate name.

Signature:	Date:
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