



# Commercial Credit Application

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## INFORMATIONS

LEGAL NAME:	MAKE BUSINESS UNDER :
ADDRESS:	
CITY:	PROVINCE:
POSTAL CODE:	YEARS IN BUSINESS:
BUSINESS TYPE:	
NAME OF THE SHAREHOLDERS:	

## COMPANY INFORMATIONS

MAJOR CLIENTS:	SINCE:	CONTACT & PHONE #:
EMPLOYER:	SINCE:	ACCOUNT NUMBER:
COMMERCIAL BANK:	ADDRESS:	
CITY:	PROVINCE:	
CONTACT:	PHONE:	
LINE OF CREDIT:	USE:	
THIS PURCHASE IS:	ADDING:	REPLACEMENT:
		REFINANCING:

## PERSONAL INFORMATIONS

FIRST NAME:	LAST NAME:
ADDRESS:	CITY:
PROVINCE:	POSTAL CODE:
PHONE:	CELL PHONE:
EMAIL:	
DATE OF BIRTH:	S.S.N:
OWNER:	VALUE:
	BALANCE:

## BANK INFORMATIONS

PERSONAL BANK:	CONTACT:
ADDRESS:	PHONE:
CITY:	PROVINCE:
ACCOUNT NUMBER:	
INVESTMENTS:	
DID YOU DO ANY NSF CHEQUES IN THE LAST SIX MONTHS:	