



www.hudson4supplies.com

Hudson Supplies Inc
2940 Halpern Street
Saint-Laurent, QC, H4S 1R2
Tel: 514-337-5005 / 888-599-9959
Fax: 514-332-3383 / 866-341-3383

CREDIT APPLICATION

ACCOUNT REVIEW

In Business since: # of Employees: Purchase order necessary: Yes ( ) No ( )

Company Information

Legal Company Name: Invoicing Name if different:
Address: Address:
City: City:
Postal Code/Province: Postal Code/Province:
Tel: Tel:
Fax: Fax:

Owners/Administrators

Name: Email:
Name: Email:
Buyer: Email:
Buyer: Email:
Payables: Email:

Financial Institution

Bank Name: Contact Name:
Address: Contact Email:
City/Province: Account Number:
Phone: Transit Number:
Fax:

Trade References

Name: Tel: Fax: Email:
Would you like to receive Electronic Invoices? Yes ( ) No ( )
Email:
Name: Tel: Fax: Email:
Would you like to receive Monthly Statements? Yes ( ) No ( )
Email:
Name: Tel: Fax: Email:
Would you like to receive our newsletter? Yes ( ) No ( )
Email:

Your account must be settled within 30 days of the invoice date or a late fee of 2% (24% annually) may be added to amounts past due. Hudson Supplies is authorized to obtain or exchange information about your credit in order to establish or verify your financial situation. All orders shall be FOB : Our warehouse Saint-Laurent (Montreal).

I accept the terms and conditions as stated above and hereby certify that the information is correct.

PRINT NAME

Signature

Date: YYYY / MM / DD