



CREDIT APPLICATION

We at AgroFusion thank you for your interest in our products and we would be more than happy to serve you. To open your account with us, please fill out this document and return it by email to info@agrofusion.ca or by fax at 514-633-9710.

COMPANY

Company Name : _____

(referred as "Applicant" or "Customer")

Legal Name: _____ **NEQ # (Quebec):** _____

ONLY IF outside Quebec: NE # (Canada) or EIN #/Tax ID (USA): _____

Address: _____ City: _____

Province/State: _____ Postal Code: _____

Phone: _____ Fax: _____

GST: _____ **# QST/PST/HST:** _____

Date that business started: _____ Website: _____

LEGAL TYPE : Corporation Sole Proprietorship Partnership Other : _____

Name of owner 1: _____

Name of owner 2: _____

Purchaser Name: _____

Phone: _____ Ext.: _____ Email: _____

Accounts Payable Responsible: _____

Phone: _____ Ext.: _____ Email: _____

Estimated Monthly Purchases : _____ \$

Credit Line Requested : _____ \$

Current supplier of dry goods: _____

Where did you hear about AgroFusion?:

Store Current Distributor Social Media Other : _____

Address of **delivery** (if different): _____

City: _____ Province/State: _____ Postal Code : _____

Phone: _____ Ext.: _____ Email: _____

Do you have a dock? Yes No



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BANKING INFORMATION

Bank Name: _____ Account #: _____
Address: _____ City: _____ Province/State: _____
Postal code: _____ Phone: _____ Fax: _____
Account Manager: _____ Ext.: _____

TRADE REFERENCES

Name of Supplier 1: _____
Account Manager: _____ Phone: _____
Extension: _____ Email: _____
Name of Supplier 2: _____
Account Manager: _____ Phone: _____
Extension: _____ Email: _____
Name of Supplier 3: _____
Account Manager: _____ Phone: _____
Extension: _____ Email: _____

CONDITIONS

1. Minimum purchase value :

1.1 The minimum purchase value for **delivery** in Greater Montreal is 800.00\$. (The minimum may vary depending on location.)

1.2 The minimum purchase value for a **pickup** at our facilities or for a delivery for which the Applicant **pays the delivery fees** is of 300.00\$.

2. The first order must be paid **upon** delivery/pickup by certified check, bank transfer or cash.

3. The terms of payment will be determined after the credit approval.

4. No return or credit will be accepted without prior authorization by AgroFusion. AgroFusion does not do refunds, only credit notes.



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5. All goods sold to the Customer remain the property of AgroFusion until full payment has been received.
6. A 60\$ administration fee will be charged to the Customer in the event of an NSF check.
7. The Customer agrees to reimburse all fees generated in recovering amounts due to AgroFusion.

By signing this document, the Signee :

1. authorizes any bank, credit office, and investigative agency to disclose to AgroFusion the information concerning the morality, reputation and the financial responsibilities of the Applicant;
2. authorizes AgroFusion to collect any information required for the opening of the account from the organizations and companies stated in this document;
3. guarantees that all the information provided in this document is true;
4. acknowledges that it could take 24 to 48 business hours to process this request.

Thank you for fully completing this form. Your information will be held in strict confidence.

Authorized Representative of the Company: _____

Title: _____ Phone: _____ Ext.: _____

Email: _____

Signature: _____ Date: _____