



**FRANKLIN  
EMPIRE**
INC

**HEAD OFFICE**  
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<b>ALMA</b> Tel.: (418) 480-1950	<b>LAVAL</b> Tel.: (450) 667-6400	<b>SEPT-ÎLES</b> Tel.: (418) 960-1302	<b>HAMILTON</b> Tel.: (905) 578-3330	<b>OTTAWA</b> Tel.: (613) 596-1144
<b>BOUCHERVILLE</b> (DS TECH) Tel.: (450) 655-7447	<b>LONGUEUIL</b> Tel.: (450) 928-0002	<b>SHERBROOKE</b> Tel.: (819) 780-1541	<b>KITCHENER</b> Tel.: (519) 650-1182	<b>PETERBOROUGH</b> Tel.: (705) 745-1626
<b>CHICOUTIMI</b> Tel.: (418) 545-8313	<b>QUEBEC</b> Tel.: (418) 683-1725	<b>ST-JEROME</b> Tel.: (450) 431-1954	<b>LONDON</b> Tel.: (519) 659-6117	<b>SCARBOROUGH</b> Tel.: (416) 299-4443
<b>GATINEAU</b> Tel.: (819) 966-3276	<b>ROUYN-NORANDA</b> Tel.: (819) 277-2348	<b>TROIS-RIVIERES</b> Tel.: (819) 375-1613	<b>NEWMARKET</b> Tel.: (905) 853-0911	<b>TORONTO</b> Tel.: (416) 248-0176
<b>KAHNAWAKE</b> Tel.: (450) 632-4407				<b>WINDSOR</b> Tel.: (519) 945-7550

BRANCH: \_\_\_\_\_
 

DATE: \_\_\_\_\_
 20 \_\_\_\_\_

PLEASE COMPLETE THIS FORM AND RETURN BY FAX OR E-MAIL TO  
**[creditapp@franklinempire.com](mailto:creditapp@franklinempire.com)**

Individual or Company Name \_\_\_\_\_
 

Business Address \_\_\_\_\_ Tel.: \_\_\_\_\_
 

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Fax: \_\_\_\_\_
 

Home Address of Principal \_\_\_\_\_ Tel.: \_\_\_\_\_

Date Business Commenced \_\_\_\_\_ Type of Business \_\_\_\_\_

If new, previous Employer \_\_\_\_\_

ENTITY:
 

Corporation
 Partnership
 Proprietorship

Principals or Shareholders \_\_\_\_\_ % interest
 

1. NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_
 2. NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_
 3. NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ARE FINANCIAL STATEMENTS PREPARED?
 

YES
 NO

IF YES, CAN YOU PROVIDE US WITH A COPY?
 

YES
 NO

Bank \_\_\_\_\_
 

Branch address \_\_\_\_\_ Bank account no. \_\_\_\_\_

CREDIT REFERENCES (3 trade references)
 

NAME	ADDRESS	TELEPHONE	FAX NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ANTICIPATED MONTHLY PURCHASES \$ \_\_\_\_\_
 

OTHER INFORMATION
 

If you pay electronically do you need our bank information ?
 

YES
 NO

 H.S.T./ G.S.T. \_\_\_\_\_
 Q.S.T. \_\_\_\_\_
 (If Applicable)

Contact person in accounting \_\_\_\_\_
 

Accounting contact email \_\_\_\_\_
 

No. of invoice copies \_\_\_\_\_

To register your account online (eCommerce)
 

eComm admin.(the admin could manage their company’s users and permissions)
 

Name: \_\_\_\_\_
 e-mail: \_\_\_\_\_

Purchase order Monthly statement Correspondence Invoice Statement
 

YES YES Français email
 NO NO English Mail
 Fax Fax

The customer understands that the terms on which the company grants credit are:

- 1. Accounts are due and payable according to the terms indicated on the statements and invoices.
- 2. All claims must be made within two (2) days of receipt of goods. No goods may be returned without our approval. A handling charge will be made on all goods returned when supplied as ordered.
- 3. Concerning my or our application for the credit. I/We consent that you conduct a credit investigation.
- 4. In consideration of you agreeing to sell merchandise and/or extend credit to me/us, I/we agree to pay service charges of two percent (2%) per month or (26.82%) per year, on the outstanding overdue balance of my/our account, as well as collection and/or legal fees incurred by Franklin Empire, should the case arise.
- 5. The merchandise sold shall remain the property of Franklin Empire Inc., until purchaser has paid in full.

SIGNATURE : \_\_\_\_\_ TITLE : \_\_\_\_\_  
NAME IN BLOCK LETTERS: \_\_\_\_\_

*The signee's name must appear in the CIDREQ and/or REQ files. If the signee does not appear, you will need to provide a resolution to the affect the signee is authorized to sign on behalf of your Company.*

FOR USE OF CREDIT DEPARTMENT ONLY

OTHER INFORMATION

Account Manager  
Customer No.  
Branch  
Class  
Freight Code


COMMENTS


Terms: \_\_\_\_\_ Amount: \_\_\_\_\_  
Approved by: \_\_\_\_\_ Date: \_\_\_\_\_