

SYNERGIE V3 INC.
18 John F. Kennedy, suite 6
St-Jérôme, Québec
Canada, J7Y 4B6

Phone : (450) 431 - 1990
Fax : (450) 431 - 1183

CREDIT APPLICATION

Company name : _____
Address : _____
City : _____ **Province/State :** _____ **Postal/Zip Code :** _____
Phone : _____ **Fax :** _____
Contact : _____ **Title :** _____

Bank References

Bank : _____
Address : _____
City : _____ **Province/State :** _____ **Postal/Zip Code :** _____
Phone : _____
Account N° : _____ **Transit N°:** _____

Supplier References

Company name : _____ **Phone :** _____
Address : _____
Contact : _____

Company name : _____ **Phone :** _____
Address : _____
Contact : _____

Company name : _____ **Phone :** _____
Address : _____
Contact : _____

By the present document, the undersigned authorizes Synergie V3 Inc. to obtain all the necessary information to conduct a credit investigation with references that are supplied to us. The undersigned certifies that all information on this form are correct.

Payments terms are net 30 days from invoice date. All the delivered products will remain the property of Synergie V3 Inc. until the final payment of the deliveries.

I have read this form and am in agreement with the terms mentioned above without any exception.

Signature

Title

Date