



# CREDIT APPLICATION DIRECT SALES

HYPERTEC SYSTEMS INC.  
 MONTREAL: 9300 TRANS CANADA HIGHWAY, SAINT-LAURENT, QC, H4S 1K5  
 TORONTO: 375 BRUNEL ROAD, MISSISSAUGA, ON, L4Z 1Z5  
 QUEBEC: 2000, AVENUE SANFACON, BEAUPORT, QC, G1E 3R7  
 OTTAWA: 1685 RUSSELL ROAD, UNIT 1-R, OTTAWA, ON, K1G 0N1

**1-866-787-0420**  
 FAX: 514-787-0158

## APPLICANT INFORMATION

BUSINESS NAME

ADDRESS

CITY

PROVINCE / STATE

POSTAL CODE / ZIP

TELEPHONE

FAX NUMBER

E-MAIL

WEBSITE ADDRESS

CHARGE SALES TAX-YES  COUNTRY  PROVINCE   
 NO  IF NO, ATTACH RESALE OR EXEMPTION CERTIFICATE

TYPE OF BUSINESS

CORPORATION <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>
SOLE OWNER <input type="checkbox"/>	PUBLIC <input type="checkbox"/>

NUMBER OF YEARS IN BUSINESS

CREDIT MARGIN REQ'D \$

DESCRIPTION OF BUSINESS

CONTACT OF A/P

E-MAIL

## TRADE REFERENCES (MAJOR SUPPLIERS / SERVICES)

BUSINESS NAME

ADDRESS

CITY

PROVINCE / STATE

POSTAL CODE / ZIP

CONTACT

TELEPHONE

FAX NUMBER

E-MAIL

BUSINESS NAME

ADDRESS

CITY

PROVINCE / STATE

POSTAL CODE / ZIP

CONTACT

TELEPHONE

FAX NUMBER

E-MAIL

BUSINESS NAME

ADDRESS

CITY

PROVINCE / STATE

POSTAL CODE / ZIP

CONTACT

TELEPHONE

FAX NUMBER

E-MAIL

## BANK REFERENCE

BANK NAME & BRANCH

ADDRESS

CITY

PROVINCE / STATE

POSTAL CODE / ZIP

ACCOUNT NUMBER

CONTACT

TELEPHONE

FAX NUMBER

E-MAIL

ACCOUNT TYPE

\*\*\* PLEASE PROVIDE COPY OF VOID CHEQUE \*\*\*

## TERMS OF CREDIT SALES

1. TERMS OF SALE ARE AS INDICATED ON OUR INVOICES.
2. IN THE EVENT PAST DUE ACCOUNTS ARE REFERRED FOR COLLECTION TO AN AGENCY OR ATTORNEY, THE UNDERSIGNED WILL PAY ALL COSTS OF COLLECTION INCLUDING ATTORNEY FEES.
3. SPECIAL TERMS MUST BE APPROVED IN WRITING BY THE CREDIT DEPARTMENT, GENERAL MANAGER, OR OFFICER OF THE COMPANY.
4. IT IS UNDERSTOOD THAT ANY INVOICE WITH A BALANCE DUE PAST THE 30 DAY NET TERMS, WILL BE ASSESSED 2% PER MONTH SERVICE CHARGE (24% ANNUALLY).

## APPLICANT CERTIFICATION AND AUTHORIZATION

I HEARBLY CERTIFY THAT THE ABOVE INFORMATION, AS FURNISHED BY ME, IS TRUE AND CORRECT TO MY KNOWLEDGE. I ALSO CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO ALL TERMS AND CONDITIONS OF CREDIT SALES. MY SIGNATURE BELOW IS MY ACCEPTANCE OF THESE TERMS, AS WELL AS AUTHORIZATION TO OUR BANK TO RELEASE CREDIT INFORMATION ON THE BANK ACCOUNT NUMBER SHOWN ABOVE.

**SALESMAN**

**AUTHORIZED SIGNATURE & DATE**

**TITLE**