

**COMPANY'S IDENTIFICATION**

Company's name		Phone no.		Fax	
Address		City		Province	Postal Code
E-mail		Invoices and account statement send by <input type="checkbox"/> <b>E-MAIL</b> <input type="checkbox"/> Fax			
Type of business		Purchase Order Required <input type="checkbox"/> Yes <input type="checkbox"/> No		CETAF member <input type="checkbox"/> Yes <input type="checkbox"/> No	
CETAF number		Régie du bâtiment du Québec contractor licence no.			

**OWNERS**

Name 1		Date of birth	Social Insurance #		E-mail	% held
Home address		Postal Code		Phone no.		
Name 2		Date of birth	Social Insurance #		E-mail	% held
Home address		Postal Code		Phone no.		
Name 3		Date of birth	Social Insurance #		E-mail	% held
Home address		Postal Code		Phone no.		

**CREDIT INFORMATION**

Your Master representative		Monthly purchases	
In business since		Number of employees	

**SUPPLIERS**

Name 1		Phone no.	Fax
Name 2		Phone no.	Fax
Name 3		Phone no.	Fax
Name 4		Phone no.	Fax

**BANK**

Name		Phone no.	Fax
Address		Transit #	Account #
Bank officer		Line of credit	Dealing since

**TERMS AND CONDITIONS**

We understand and agree that Le Groupe Master Ltd. terms of payment are net 30 days.  
We acknowledge and agree to pay a 1.25% per month (15% annually) service charge on any overdue amount within a 90 day delay from the statement date.  
We consent that Master gathers all the necessary personal information for its credit study.  
We authorize any person having personal information which concerns us, to convey this information to Master and vice-versa.

Name (please print)		Date	
Title		Authorized Signature	

**OWNERS' SIGNATURES**

Owner 1		Owner 2		Owner 3		Owner 4	
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Exceptions & comments	
Credit Limit	Date

You can help us considerably by attaching a copy of your latest Financial Statement and a copy of your Certificate or Articles of Incorporation. We thank you for your confidence.

**The Master Group L.P.**