



# TAI LUNG (CANADA) LTD.

23 Scottfield Drive, Toronto, ON Canada M1S 5R4  
Tel: (416) 321-8550 ext 123 Fax: (416) 321-8554 or 1-800-265-5864  
Email: christy@tailung.com

## Credit application

## Demande de credit

STORE NAME / *NOM DU MAGASIN*: \_\_\_\_\_

REGISTERED BUSINESS NAME / *NOM ENREGISTRE DU MAGASIN*: \_\_\_\_\_

BILLING ADDRESS / *ADRESSE DE FACTURATION*: \_\_\_\_\_

CITY / *VILLE*: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE / *CODE POSTAL*: \_\_\_\_\_

PHONE NO. / *TELEPHONE*: \_\_\_\_\_ FAX NO. / *TELECOPIEUR*: \_\_\_\_\_

SHIPPING ADDRESS / *ADRESSE D'EXPEDITION*: \_\_\_\_\_

(Please provide complete street address, not only PO Box No. / Indiquer l'adresse complete pas seulement le casier postale)

CITY / *VILLE*: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE / *CODE POSTAL*: \_\_\_\_\_

E-MAIL \_\_\_\_\_

TYPE OF BUSINESS / *GENRE DE COMMERCE*: \_\_\_\_\_

(Please indicate shoe, bridal, department store, etc. / Specifier: souliers, boutique de mariée ou magasin à rayons)

DATE INCORPORATED / *DATE D'INCORPORATION*: \_\_\_\_\_ NO. OF STORES / *NOMBRE DE MAGASINS*: \_\_\_\_\_

INCORPORATED AS / *NOM DE LA CORPORATION*: \_\_\_\_\_

(Please indicate limited corporation, sole proprietorship, partnership, etc. / Indiquer: corporation ltée, propriétaire, ou partenaire)

PRESIDENT: \_\_\_\_\_

STORE MANAGER / *GERANT DU MAGASIN*: \_\_\_\_\_

ACCOUNTS PAYABLE / *COMPTES PAYABLE*: \_\_\_\_\_

AMOUNT OF CREDIT REQUESTED / *MONTANT DE CREDIT DEMANDE*: \_\_\_\_\_

BANK / *BANQUE D'AFFAIRES*: \_\_\_\_\_ BRANCH / *SUCCESSALE*: \_\_\_\_\_

ACCOUNT NO. / *# DE COMPTE*: \_\_\_\_\_ PHONE NO. / *TELEPHONE*: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### Trade references / *Références commerciales*

Name / *Nom*

Address (Street & City) / *Adresse (Rue & Ville)*

Fax No. / *Telecopieur*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**INCOMPLETE FORMS WILL BE RETURNED / *LES FORMULES INCOMPLETES SERONT RETOURNEES***

I CONFIRM THAT THE ABOVE INFORMATION IS CORRECT & I UNDERSTAND A NET 30 DAYS TERM (FROM INVOICE DATE) HAVE BEEN GIVEN FROM TAI LUNG CANADA LTD. SUBJECT TO CHANGE ACCORDING TO THE CREDIT HISTORY / *JE CERTIFIE QUE LES RENSEIGNEMENTS CI-DESSUS SONT EXACTS ET JE COMPREND QUE LES TERMES DE VENTE SONT DE 30 JOURS SOUS RESERVE DE MODIFICATION SELON VOS RENSEIGNMENTS DE SOLVABILITE.*

SIGNATURE: \_\_\_\_\_ POSITION / *POSTE*: \_\_\_\_\_

ABOVE NAME PRINTED / : \_\_\_\_\_ DATE: \_\_\_\_\_

*NOM EN LETTRES MOULEES*