



G E S T I O N D ' A C H A T S

www.gestionram.com

CONFIDENTIAL **APPLICATION**

Credit ☐

Modification ☐

918, rue Jean-Neveu, Longueuil (Québec) J4G 2M1

Tel.: 514 MON PARTENAIRE (666-7278)

Tel.: 450 646-7886 Toll free: 1 800 556-7886

Fax: 450 646-5470 Toll free: 1 866 374-9531

Sales Representative :			Customer no. :		
COMPANY LEGAL TRADE NAME :					
ADDRESS :					
CITY:		PROVINCE:		POSTAL CODE :	
TEL. :		FAX. :		WEBSITE :	
DOING BUSINESS AS :				<u>No. of Employees :</u>	<u>Years in Business :</u>
BUYER :					
EMAIL ADDRESS :					
Tel. :		Fax :		Other Tel : -	
PURCHASE ORDER FORM REQUESTED :		Yes : <input type="checkbox"/>		No : <input type="checkbox"/>	
PREFERRED LANGUAGE OF CORRESPONDENCE :		French : <input type="checkbox"/>		English : <input type="checkbox"/>	
ACCOUNTS PAYABLE CONTACT :					
EMAIL ADDRESS :					
Tel. : () - ext. :		Fax : () -		Other Tel : () -	
BILLING METHOD PREFERRED : PLEASE CHOOSE ONE		Post: <input type="checkbox"/>	Email: <input type="checkbox"/>	Fax : <input type="checkbox"/>	
BANK INFORMATION:					
Name :			Tel. :		
Full Address :			Contact :		
			Account No.:		
			Transit No.:		

TRADE REFERENCES: (3 SUPPLIERS)

Name:	Address:	Phone No./Fax No. :
		Tel. : Fax :
		Tel. : Fax :
		Tel. : Fax :

To apply your signature to the following application form, you agree that we may contact your bank and listed suppliers for credit information which will be kept confidential and to the exclusive usage of **Gestion d'Achats RAM Inc.** I acknowledge the sale conditions and agree to them. I also understand that a service charge of 1,5% per month (19,56% per year) will be applied on all overdue invoices.

SIGNATURE : NAME :		Title:
		Date:

Please complete and return this application form duly signed by authorized personnel, to our fax number (450) 646-5470.