



3780, RUE LA VÉRENDRYE, BOISBRIAND, J7H 1R5
 INFO@FARINEX.CA
 SANS FRAIS: 1-800-667-5502
 TEL. (450) 437-7077
 FAX. (450) 437-7110

INFO@QUALIGOURMET.CA
 SANS FRAIS: 1-800-394-3530
 TEL. (514) 287-3530
 FAX. (514) 287-3510



ACCOUNT OPENING

COMPANY NAME: _____ GST #: _____ QST #: _____

ADDRESS: _____ CITY: _____ PROVINCE: _____

POSTAL CODE: _____ TEL: _____ FAX: _____

PURCHASER'S NAME: _____ NEQ #: _____

PURCHASER'S EMAIL: _____

ACCOUNT PAYABLE'S NAME: _____ YEARS IN BUSINESS: _____

ACCOUNT PAYABLE'S EMAIL: _____

EXPEDITION ADDRESS: _____

ESTIMATED MONTHLY PURCHASES: \$ _____ TYPE OF COMPANY: _____

	OWNER #1	/	OWNER #2
NAME(S) OF OWNER(S)	_____	/	_____
COMPLETE ADDRESS:	_____		_____
TELEPHONE:	_____	/	_____

As a customer of Farinex / QualiGourmet, I agree to pay my bills in cash or by credit card.
 No other mode of payment will be accepted.

INITIALE: _____

CREDIT APPLICATION

BANK REFERENCES

BANK NAME: _____ ACCT #: _____

ADDRESS: _____ CITY: _____ PROVINCE: _____

POSTAL CODE: _____ TEL: _____ FAX: _____

CONTACT: _____

TRADE REFERENCES

NAME: _____ TEL: _____

CONTACT: _____ FAX: _____

NAME: _____ TEL: _____

CONTACT: _____ FAX: _____

NAME: _____ TEL: _____

CONTACT: _____ FAX: _____



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CONDITIONS

- 1- MINIMUM PURCHASE OF \$350.00 FOR EACH DELIVERY PLUS DIESEL CHARGE
(The minimum may vary depending on the region and distance)
- 2- NO RETURNS WILL BE ACCEPTED WITHOUT AUTHORIZATION. A 20% RESTOCKING FEE WILL BE CHARGED. **NO REFUNDS ACCEPTED; CREDIT NOTE ONLY.**
- 3- EXTENSION OF CREDIT CAN BE REVOKED WITHOUT NOTICE AT ANY GIVEN TIME BY FARINEX / QUALIGOURMET.
- 4- ALL GOODS REMAIN THE PROPERTY OF FARINEX / QUALIGOURMET UNTIL FULL PAYMENT HAS BEEN RECEIVED.
- 5- 1.5% MONTHLY INTEREST FEE (18% ANNUAL) WILL BE CHARGED ON ALL PASS DUE ACCOUNTS.
- 6- A \$55.00 ADMINISTRATION FEE WILL BE ADDED TO ANY NSF CHECKS.
- 7- CUSTOMER AGREES TO REIMBURSE ALL FEES GENERATED IN RECOVERING ALL AMOUNTS DUE TO DISTRIBUTION FARINEX (113712 CANADA INC) / QUALIGOURMET (8495688 CANADA INC).
- 8- ALL PARTIES ELECT DOMICILE IN THE MONTREAL DISTRICT.
- 9- **PAYMENT TERMS: NET 15 DAYS (CREDIT APPROVAL REQUIRED)**

With the following, I or We hereby authorize any bank, credit office and investigative agency to disclose to DISTRIBUTION FARINEX (113712 CANADA INC) / QUALIGOURMET (8495688 CANADA INC) the information concerning the morality, reputation, the financial responsibilities of the signee or signees as required by DISTRIBUTION FARINEX (113712 CANADA INC) / QUALIGOURMET (8495688 CANADA INC) to evaluate the commercial credit application made by the signee or signees and I or We exclude DISTRIBUTION FARINEX (113712 CANADA INC) / QUALIGOURMET (8495688 CANADA INC) and allow there loaning companies or credit companies all claims or law pursuits that can occur from the credit application or that can come afterwards from the information given to DISTRIBUTION FARINEX (113712 CANADA INC) / QUALIGOURMET (8495688 CANADA INC) by the bank, the lendee or the credit companies. Additionally, all statements made herein above are represented and warranted as being true and correct in all respects and I acknowledge that DISTRIBUTION FARINEX (113712 CANADA INC) / QUALIGOURMET (8495688 CANADA INC) of any material changes in the above information as they may occur whether before or following the initial extension of credit.

SIGNATURE:

DATE:

ALL REQUISITION FORMS RECEIVED BY FAX WILL BE TREATED TEMPORARILY, AND THE ORIGINAL MUST BE RETURNED TO FARINEX / QUALIGOURMET BY MAIL

The Undersigned and/or Administrators and/or Shareholders guarantees jointly and severally all payments due to DISTRIBUTION FARINEX (113712 CANADA INC) / QUALIGOURMET (8495688 CANADA INC).			
SIGNED IN:	THIS	DAY OF	20
x		x	
SIGNATURE	PRINT NAME	SIGNATURE	PRINT NAME