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## CREDIT REQUEST

COMMANDE@SUNPAK.CA

### PERSONAL INFORMATION

DATE   /   /

LEGAL NAME OF THE COMPANY

COMMERCIAL NAME  MEMBER OF THE GROUP

TPS #  TVQ #

BILLING ADDRESS

CITY  PROVINCE  POSTCODE

SHIPPING ADDRESS

CITY  PROVINCE  POSTCODE

PHONE  FAX

OWNER

ACCOUNT PAYABLE

PHONE

FAX

EMAIL

PURCHASING  
CONTACT

PHONE

FAX

EMAIL

### METHOD FOR INVOICES AND STATEMENTS

FAX ☐

EMAIL ☐

CANADA POST ☐

### DO YOU WANT AN ORDER CONFIRMATION:

### NAME FOR ORDER CONFIRMATION:

### EMAIL FOR ORDER CONFIRMATION:

### BANKING INFORMATIONS

BANK  ACCOUNT #

ADDRESS

PHONE  FAX

CITY  PROVINCE  POSTCODE

ACCOUNT MANAGER

APPROXIMATE ANNUAL PURCHASES  DESIRED CREDIT LIMIT

SIGNATURE OF THE AUTHORIZED SIGNATORY:

DATE: