

**Company Information:**

*\*Denotes Required Field*

Company Name \* :

Legal Name:

GST Number:

PST Number:

Address \* :

City \* :

State/Province \* :

Zip/Postal code \* :

Country \* :

Email \* :

Telephone \* :

Fax :

Manager / Buyer \* :

**Shipping Address:**

*If different from the above*

Address:

City:

State/Province:

Zip/Postal code:

Country:

**Company Proprietor:**

*Optional Fields*

Name:

Address:

City:

State/Province:

Zip/Postal code:

Country:

Telephone:

Fax:

**Company Type:**

*Optional Fields*

Type of business:

Importer

Wholesaler

Retailer

Manufacturer

Agent

Other

Your company is a:

Proprietorship

Partnership

Corporation

Relative size of firm in the table:

Small

Mid Size

Very Large

Year established:

Number of full time employees :

Number of salesmen in the field :

Working capital in CAN \$ :

Yearly turn over approx. in CAN \$:

Member of local chamber of commerce:

Yes No

Trade:

Association:

Fill the following fields if you need a credit approbation

**Credit amount in CAD \$:**

**Banking Information:**

Bank Name:

Account Number:

Bank Contact Person:

Bank Address:

Bank City:

Bank State / Province:

Bank Zip/Postal Code:

Bank telephone:

Bank Fax:

Bank Email:

**Suppliers Information:**

Name:

Address:

City:

State / Province:

Zip / Postal Code:

Telephone:

Fax:

Name:

Address:

City:

State / Province:

Zip / Postal Code:

Telephone:

Fax:

Name:

Address:

City:

State / Province:

Zip / Postal Code:

Telephone:

Fax:

**CLIENT'S UNDERTAKING**

1. Terms of payment to **SAGETRA INC.**, Net 30 days.
2. We agree to pay monthly service charges of 1.75 % per month (21% annually) on all accounts 60 days past due.
3. In the case of an incorporated company, the undersigned jointly and severally guarantees with the company the proper settlement of each and every account due by the company to **SAGETRA INC.**
4. This undertaking will apply to all of the company's future purchases from **SAGETRA INC.** and will be considered as a general terms and condition of the future purchases made by the client even if not specified on **SAGETRA INC.** invoicing.

**AGREEMENT**

In the event of a dispute as to the quantity or quality of delivered merchandises or in the case of defective merchandise, the client will notify SAGETRA INC. within five (5) days of delivery; failing to do so will constitute an acknowledgment and declaration with the delivered merchandise.

\_\_\_\_\_  
**Authorized Person Name**

\_\_\_\_\_  
**Title**

<b>Signature</b>	<b>Date:</b>
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