



Distributions Yukon Inc.

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QC H7L 3N5

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info@distributionsyukon.com

www.distributionsyukon.com

Credit Application

Terms:	
Issued By Distributions Yukon	

Name/Address

Last:		First:		Title:	
Name Of Business					
TPS #		TVQ #			
Address:				Unit:	
City:		Province:		Postal:	
Phone:			Email:		

Company Information

Type of Business:		In Business Since:			
Legal Form Under Which Business Operates: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>					
If Division/Subsidiary, Name of Parent Company:				In Business Since	
Name of Company Responsible:			Title:		
Address:				Unit:	
City:		Province:		Postal:	
Phone:				Email:	
Name of Company Responsible:			Title:		
Address:				Unit:	
City:		Province:		Postal:	
Phone:				Email:	

Bank Reference

Institution Name:							
Checking Account #:				Savings Account #:			
Contact:				Title:			
Address:					Unit:		
City:		Province:		Postal:			
Phone:					Email:		

Trade References

Company Name:								
Contact:						Title:		
Address:						Unit:		
City:				Province:			Postal:	
Phone:				Email:				
Account Open Since:			Credit Limit:			Current Balance		

Company Name:								
Contact:						Title:		
Address:						Unit:		
City:				Province:			Postal:	
Phone:				Email:				
Account Open Since:			Credit Limit:			Current Balance		

Company Name:								
Contact:						Title:		
Address:						Unit:		
City:				Province:			Postal:	
Phone:				Email:				
Account Open Since:			Credit Limit:			Current Balance		

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. **PLEASE SEND BACK TO: INFO@DISTRIBUTIONSYUKON.COM**

Signature

Date

Printed Name

Title

CREDIT CARD ON FILE AUTHORIZATION FORM

This form is for you to supply Distributions Yukon Inc. with credit card information to keep on file for the payment of all services and fees. A new form must be completed for each card kept on file. Distributions Yukon Inc. accepts Visa, MasterCard

Card Information

Type Of Card:	VISA <input type="checkbox"/>	Master Card <input type="checkbox"/>	
Name On Card	Last:	First:	
Credit Card Number:			
Expiration Date:		CSV Code (Security Code)	

Signature

Date

Printed Name

Title

Please list anyone other than the cardholder that is authorized to use this credit card.			
Name:		Title:	
Name:		Title:	
Name:		Title:	

Please accompany this form with a copy of the credit card (Both sides) and your driver's license or photo ID as well as for any and all parties listed above.

I hereby authorize Distributions Yukon Inc to charge the credit card listed above for the payment of all services and fees. This credit card will be kept on file and will remain in effect until the expiration of the credit card account. Applicants may revoke this credit card on file by submitting a written request to the address at the top of this form. A new form must be submitted if any information such as credit card expirations or authorized users is amended. Applicants agrees to pay the cost for any returned or challenged payments.

Signature

Date

Printed Name

Title

Terms & Conditions

- **Minimum Orders for the island of Montreal and its surrounding areas is \$500.00 under that there is a charge of \$25.00.**
- **Orders out of the greater Montreal area are a minimum order of \$1000.00 orders under that are subjected to a surcharge.**
- **Orders must be placed the day prior before 2pm for next day delivery for the grater Montreal region.**
- **Orders out of the greater Montréal region must give an order 48h prior to the delivery schedule that will be appointed.**
- **No returns will be accepted after 48h of delivery.**
- **\$45 fee will be applied to any checks that come back NSF.**
- **Fist order C.O.D**
- **Credit Terms will be issued by Distributions Yukon once the credit check is done.**
- **Accounts that do not pay within the terms issued with 3 warnings, will be handed off to Kolleco Recovery Service**

Signature

Date

Printed Name

Title