



ALIMENTS TOUSAIN INC.  
95 STINSON  
MONTREAL, H4N 2E1  
TEL: (514) 748-7353 FAX: (514) 747-7483  
EMAIL : [credit@tousain.com](mailto:credit@tousain.com)

CREDIT  
APPLICATION

**IDENTIFICATION**

NAME

ADDRESS

CITY

PROVINCE

POSTAL CODE

PHONE

FAX

EMAIL

**FINANCIAL INFORMATION**

BANK (NAME):

ADDRESS:

PHONE NO.

LOAN OFFICER:

FAX NO.

ACCOUNT NO.:

**SUPPLIERS**

SUPPLIERS (NAME):

ADDRESS:

PHONE NO.

FAX NO.

**GENERAL INFORMATION**

DELIVERY ADDRESS

OWNER'S NAME

PHONE NO.

PAYABLE CLERK

PHONE NO.

BUYER'S NAME

PHONE NO.

DESIRED CREDIT LINE: \$

ALCOHOL PERMIT #

SALESMAN :

**I AUTHORIZE ALIMENTS TOUSAIN INC., TO INITIATE A CREDIT INVESTIGATION OF THIS COMPANY.**

NAME:

\_\_\_\_\_

TITLE:

\_\_\_\_\_

SIGNATURE:

\_\_\_\_\_

*Please transmit the completed and signed form to: 514-747-7483  
fax*

*[credit@tousain.com](mailto:credit@tousain.com)  
email*