



SHAPING THE FUTURE OF LIGHTING

EDS International Inc.  
3590 Rue Griffith  
Saint-Laurent, QC  
H4T 1A7, Canada  
Tel : (514) 418-0895, 865-6350

**APPLICANT INFORMATION**

Name: ..... Telephone: ( ) .....  
Address: ..... Toll Free: ( ) .....  
..... Facsimile: ( ) .....  
City: ..... Prov.: ..... Postal Code: ..... E-mail: .....

**BILLING ADDRESS** (If different from above)

Name: ..... Type of Company:  Incorporated  
Address: .....  Proprietorship  
.....  Partnership  
City: ..... Prov.: ..... Postal Code: ..... Date Established: .....  
This Location Is:  Head Office  
.....  Branch  
Years in Business: .....  
Nature of Business: ..... Credit Required \$ ..... /month  
Specify any special invoicing requirements: .....  
Principal - Accts Payable  
C.E.O.: ..... Contact: .....

**BANKING INFORMATION**

Bank Name: ..... Contact: .....  
Address: ..... Toll Free: ( ) .....  
City: ..... Prov.: ..... Postal Code: ..... Facsimile: ( ) .....

**CREDIT REFERENCES** (Include TWO other transportation companies that you are currently doing business with)

Reference Company	City	Prov.	Contact	Telephone	Fax
1).....	.....	.....	.....	.....	.....
2).....	.....	.....	.....	.....	.....
3).....	.....	.....	.....	.....	.....
4).....	.....	.....	.....	.....	.....
5).....	.....	.....	.....	.....	.....

**TERMS OF CREDIT**

The applicant understands and is authorized to agree to the Terms and Conditions of this application, specifically:

- (1) Terms of Sale .....
- (2) Overdue Accounts are subject to Interest Charges of 2.0% per month
- (3) Failure to comply with Terms of Sale will result in termination of credit privileges and termination of all pricing agreements
- (4) Freight Charges must be paid in full before Loss or Damage claims will be processed

\_\_\_\_\_  
Signature of Applicant Title Date

**OFFICE USE**

Sales Code: \_\_\_\_\_ Collection Terminal: \_\_\_\_\_ Collector: \_\_\_\_\_ Credit Limit: \_\_\_\_\_  
Credit Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Account Number: \_\_\_\_\_