



## Credit Application Form

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**COMPANY NAME:**

Shipping address:

Billing address:

Telephone:

Telephone:

Fax:

Fax:

Date Established:

Estimated annual sales:

Federal tax ID no.:

Certificate exemption no.:

*(please attach a copy of  
your "Tax Coupon Form")*

*(please attach a copy of  
your certificate)*

**Bank:**

Name:

Address:

Contact person:

Title:

Account number :

Telephone:

Fax:

**TRADE REFERENCES:**

Company:

**Fax:**

Tel.:

Company:

**Fax:**

Tel.:

Company:

**Fax:**

Tel.:

The undersigned applicant

- agrees to pay all costs incurred to collect any amount due, including all legal fees
- will Y will not Y submit a financial statement, if requested
- understands and agrees to comply with EXFO's payment terms

**EXFO PAYMENT TERMS:**

**NET 30 DAYS**

**Upon credit approval**

The undersigned applicant certifies that all information submitted herein is true and complete and authorizes EXFO:

- to request and disclose information about your firm from the trade references, your bank, to credit reporting agencies;
- to obtain further information about your firm time to time;
- to check the information you have given us time to time;
- to authorize any person we may contact in this regard to provide us with such information.

**Date:**

**Signature:**

**Name:**

**Title:**

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***EXFO goes Green!***

*Invoices are sent on an electronic way.*

***Mandatory email for:***

*Invoices:* \_\_\_\_\_

*If your Company wishes to receive the monthly Account Statement.*

*Email for:*

*Monthly Statement:* \_\_\_\_\_

***PLEASE SEND THIS CREDIT APPLICATION FORM, DULY SIGNED,  
TO OUR CREDIT DEPARTMENT BY FAX AT 418-683-9839***

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