



COMPANY'S PROFILE

Please complete this form and fax to 450-835-7304.
Our Sales Representative will contact you soon.

COMPANY

ADDRESS

CITY

PROVINCE/STATE

ZIP CODE

TELEPHONE

FAX

CONTACT

ACCOUNT PAYABLE

BUSINESS : TRUCK : NEW REPAIR SHOP OTHER : _____
USED

WHAT TYPE OF PRODUCTS DO YOU SELL?

ANNUAL SALES

NUMBER OF:

SALES REPRESENTATIVES		EMPLOYEES	
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INSTALLATIONS AREA

COVERED ZONE

	<input type="checkbox"/> Km	<input type="checkbox"/> Miles
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DO YOU INSTALL DUMP BODIES? YES NO

IF YES, WICH ONE?

ANNUAL QUANTITY

HOW DID YOU HEAR ABOUT US?

Web Media Flyers Magazine Friend
Other : _____

DATE : _____ SIGNATURE : _____

Those informations will be kept internally, for profile propose.



www.lanau-industries.com

5291, chemin du lac, St-Gabriel-de-Brandon (Quebec) Canada J0K 2N0 (450) 835-1777 Fax (450) 835-7304





CREDIT APPLICATION

Company name: _____

Address : _____ City : _____

Prov./State : _____ Postal Code/zip: _____

Phone : _____ Fax : _____

In operation since : _____

IRS or Tax number : _____

Owner name : _____

BANK REFERENCES

Bank name : _____

Address : _____

Phone : _____ Fax : _____

Account # _____

Contact name : _____

CREDIT REFERENCES

1. _____ Phone: _____ Fax : _____

2. _____ Phone: _____ Fax : _____

3. _____ Phone: _____ Fax : _____

The property of the goods sold hereunder shall remain the property of the vendor.
Terms of payment : net 30 days. Unpaid invoice shall bare interest rate 1.5% per month.

A 20% deposit is required on the first 3 orders

Signature : _____ Date : _____



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CREDIT INFORMATION

NAME:	
ADDRESS:	
PHONE:	FAX:
TYPE OF BUSINESS:	
SINCE:	
OWNER'S NAME:	
BANK'S NAME:	
ADDRESS:	
PHONE:	FAX:
TYPE OF ACCOUNT:	
ACCOUNT MANAGER:	

I hereby authorize *Soudure St-Gabriel* or *Lanau Industries inc.* to request and obtain credit references concerning the enterprise that I represent.

Name: _____

Signature: _____ Title: _____

Date: _____



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