



Credit Application Form

PLEASE FILL OUT, SIGN AND RETURN THIS FORM BY FAX.

TO: EXFO, c/o CREDIT DEPARTMENT **DATE:** _____

FAX: (418) 683-9839 **# PAGES:** _____

COMPANY NAME:

Shipping address: _____ Billing address: _____

Telephone: _____ Telephone: _____

Fax: _____ Fax: _____

Date founded: _____ Estimated annual sales: _____

Federal tax ID no.: _____ Certificate exemption no.: _____

(please attach a copy of the 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 will not 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 complete and accurate and authorizes EXFO to:

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

Date: _____

Signature: _____

Name: _____

Title: _____