

## **CREDIT APPLICATION FORM**

This form should be completed and signed by the customer financial officer and returned to creditapplication@exfo.com.

CUSTOMER INFORMATION							
Company Information							
Registered Name:							
Doing business as (if different from above):							
In business since:		Registration #:					
Estimated annual purchase with EXFO:		USD	EUR				
		GBP	CAD				
Registered Address							
Street:							
City:		State/Province/County:					
Country:		Zip/Postal Code:					
E-mail:		Telephone:					
Billing Address Same as above							
Street:							
City:		State/Province/County:					
Country:		Zip/Postal Code:					
E-mail:		Telephone:					
Fiscal Information							
# Dun & Bradstreet:		W-9 enclosed (US only)					
#VAT:		Sales tax exemption certificate enclosed (US only)					
		Governmental organization:		Yes	No		
Invoice & Account Statements							
E-mail address to send invoices:							
E-mail address to send account statements:							
Accounts payable contact name: Mr.	Mrs.						
E-mail address:		Telephone:					

SUPPLIER REFERENCES					
Supplier 1					
Company Name:					
Contact Name:	Mr.	Mrs.			
City:			State/Province/County:		
Country:			Zip/Postal Code:		
E-mail:			Telephone:		
Supplier 2					
Company Name:					
Contact Name:	Mr.	Mrs.			
City:			State/Province/County:		
Country:			Zip/Postal Code:		
E-mail:			Telephone:		
Supplier 3					
Company Name:					
Contact Name:	Mr.	Mrs.			
City:			State/Province/County:		
Country:			Zip/Postal Code:		
E-mail:			Telephone:		
		FINANC	CIAL INFORMATION		
If your company is privately owned, please provide a copy of your financial statements for the last two years.					
AGREEMENT					
We certify that the above information is accurate.					
We authorize EXFO to contact the above listed suppliers for references.					
Upon credit approval, EXFO's payment terms are Net 30 days from date of invoice. We agree to comply with EXFO's payment terms that will be communicated to us.					
The above information is intended for the use of EXFO's Credit Department only and will be held in the strictest confidentiality.					
Signature:			Date:		
Name and Title:					