



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 <i>(if different from above)</i> :			
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 <i>(US only)</i>	
# VAT:		Sales tax exemption certificate enclosed <i>(US only)</i>	
		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:	

