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## COMMERCIAL INVESTIGATION REFERENCE FORM

Transmission of this form implies acceptance of the conditions written below.

Date: \_\_\_\_\_

### A - Bill to:

Name: (company or individual, exact name)	
Address: (street, city, province, postal code)	
Phone:	Fax:
Person to contact:	Amount of credit:
Email:	

### B - Company to verify:

Company name: (exact name)	
Address: (street, city, province, postal code)	
Phone:	NEQ:

### C - Financial institution:

Bank:		
Address: (street, city, province, postal code)		
Phone:	Fax:	
Transit number: (obligatory)	Account / Folio: (obligatory)	
<b>Name of account director / contact at the bank:</b>		
Name:	Phone: (bank)	Fax: (bank)

### Supplier #1 (if possible)

Name:	Phone:
Address: (street, city, province, postal code)	Email or Fax:

### Supplier #2 (if possible)

Name:	Phone:
Address: (street, city, province, postal code)	Email or Fax:

### Supplier #3 (if possible)

Name:	Phone:
Address: (street, city, province, postal code)	Email or Fax:

I authorize Oligny-Thibodeau Inquiry Services Inc. to obtain all necessary information from my financial institution, or any other sources, in order to establish my solvability and disclose the information related to the credit experience of the undersigned below to all lenders, credit bureau, and all other service providers. Furthermore, the client is aware that the final decision to grant the credit remains exclusively their's and that Oligny-Thibodeau Inquiry Services Inc. cannot be held responsible for any damages caused to the client. The results of the inquiry does not exclude doubt and is not guaranteed.

Inquiries are PAYABLE IN ADVANCE. Please provide the numbers, the expiry date and the 3 security numbers of your Visa or Mastercard card by email at info@oligny-thibodeau.com or by calling 514 856-7723.

Client signature **OBLIGATORY**

Authorized representative of the subject to be verified **OBLIGATORY**