



REP: _____

DATE _____

APPLICANT

Legal name : _____

Phone: _____

Trade name : _____

Fax : _____

Address : _____

City : _____ Province: _____

Postal code _____ e-mail address : _____

Corporation • Partnership • Register • Credit card number _____ Exp date :

Established since : _____ Credit line requested : _____

GST#: _____ PST #: _____

Type of Business : _____

Is it your first business Yes • No • Previous business, under which name :

PERSONAL INFORMATIONS (OWNER-PARTNERS-ASSOCIATES)

1. Name : _____ Address _____

Phone: _____

2. Name : _____ Address _____

Phone: _____

3. Name : _____ Address _____

Phone: _____

4. Name : _____ Address _____

Phone: _____

Owner of a building * Tenant * Other * specify :



TRADE REFERENCES

1. Name : _____
Phone : _____ Fax : _____
2. Name : _____
Phone : _____ Fax : _____
3. Name : _____
Phone : _____ Fax : _____

BANK REFERENCES

1. Bank : _____ Account # : _____
Address : _____ Phone : _____
2. Bank : _____ Account # : _____
Address : _____ Phone : _____

We will accept our first delivery to be payable C.O.D

The above information is for the purpose of obtaining credit for Sobel Imports Inc., and is warranted to be true. I/We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

Applicant signature attest financial responsibility, ability and willingness to pay SOBEL invoices in accordance with the terms extended.

Normal credit term are (2% 20 Days- Net 30 Days)

Owner Signature _____ Title _____

I/We the undersigned _____ , personally guarantee all of the indebtedness of the applicant, present and future, in the event of acceptance of this application.

Garant

Printed Name

Please fax to 450 471.1288 or email to : dlalonde@sobelimports.com