

Credit Application

Company Information Company: Address: City: State/Province: Country: ZIP/Postal: Phone: Fax: BIN: Email: Requested Credit Limit: Estimated Annual Sales: Sales Area: Choose One: Incorporated Partnership Private Corp **Bill to Address** Same as Above Company Name: Address: City: ZIP/Postal: Country: State/Province: Email: Phone: Fax: **AP Contact Information** Name: Email: Ship to Address Same as Bill to Address Company Name: Address: City: State/Province: ZIP/Postal: Country: Email: Phone: Fax:

PLEASE NOTE: SABLE INDUSTRIES DOES NOT ACCEPT CREDIT CARD PAYMENT

100 Campbell Ave., Suite 5, Kitchener, Ontario N2H 4X8 Canada

Carrier Account #:

Alt. Account #:

Use Sable's Account

Shipping Carrier

Carrier Name:

Alternative:

Owners, Principa	als, and Officers			
Name:		Title:		
Address:		City:	State/Prov:	
Zip/Postal:	Phone:	Email:		
Name:		Title:		
Address:		City:	State/Prov:	
Zip/Postal:	Phone:	Email:		
Bank Information				
Bank Name:		Account Manager:		
Address:		City:		
State/Province:		Zip/Postal:	Country:	
Account No:	Transit No./Routing No.:			
The undersigned auth and authorize the che collect delinquent bal Printed Name:	cking of credit. The undersign	persons, and companies listed or ned agrees to pay all collection co Signature:	n this application to furnish information osts, court costs, and legal fees incurred to	
Title:	Date:			
Trade References	(<u>DO NOT</u> provide suppliers th	at are paid using credit cards or C	C.O.D as trade references)	
Name:		Contact:		
Address:		City:	State/Prov:	
Zip/Postal:	Phone:	Email:		
Name:		Contact:		
Address:		City:	State/Prov:	
Zip/Postal:	Phone:	Email:		
Corporate Guares In consideration for company, to the faith Printed Name: Title:		eed authorized corporate official l outstanding balances. Signature: Date:	, contracts and guarantees on behalf of the	
	FOR SA	BLE OFFICE USE ONLY		
Date Received:	Sales Rep:		Customer Code	
Credit Limit:	Credit Terms		Date Approved:	