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CUSTOMER CREDIT APPLICATION

BILLING ADDRESS

LEGAL COMPANY NAME: _____
TRADING AS: _____
STREET: _____
CITY: _____
PROV. / STATE: _____ POSTAL/ZIP CODE: _____
TEL. #: _____
BUYER'S EMAIL: _____
WEBSITE: _____

SHIPPING ADDRESS

I.R.S. / TAX # (U.S. ONLY): _____
FAX #: _____
RESIDENTIAL ADDRESS? YES NO
DATE BUSINESS STARTED: _____

PROPERTY OWNER(S) / PRINCIPAL PARTNER(S) OR DIRECTOR(S)

1) NAME: _____ TITLE: _____ CELL #: _____
2) NAME: _____ TITLE: _____ CELL #: _____
3) ACCOUNTS PAYABLE CONTACT: _____
LOCAL #: _____ EMAIL: _____

TYPE OF STORE: INDEPENDANT CHAIN OWNED RENTED

BANK REFERENCE

NAME: _____ STREET: _____
CITY: _____ PROVINCE: _____ TEL.#: _____
ACCOUNT #: _____ CONTACT: _____

PRINCIPAL SUPPLIERS FOR CREDIT REFERENCES:

1) CO. NAME: _____ PROV / STATE: _____
TEL. #: _____ FAX #: _____
2) CO. NAME: _____ PROV / STATE: _____
TEL. #: _____ FAX #: _____
3) CO. NAME: _____ PROV / STATE: _____
TEL. #: _____ FAX #: _____
4) CO. NAME: _____ PROV / STATE: _____
TEL. #: _____ FAX #: _____

I authorize CABRELLI INC. to conduct an investigation, including obtaining and exchanging credit and personal information for the purpose of verifying my financial standing.

SIGNATURE: _____ TITLE: _____
PRINTED NAME: _____ DATE: _____