



Cobra Anchors Co. Ltd
 8051 Metropolitan Blvd. East
 Montreal, QC, Canada H1J 1J8
 Tel.: (514) 354-2244 • Fax: (514) 354-2535
 www.cobraanchors.com

CANADIAN
 Based company

AMERICAN
 Based company

CREDIT APPLICATION

Date /Year	Month	Day
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1

NAME: _____
 COMPANY LEGAL NAME: _____
 ADDRESS: _____
 CITY: _____ PROVINCE/STATE: _____
 POSTAL CODE: _____ TEL.: (____) _____ FAX: (____) _____

2

CORPORATION / PARTNERSHIP (owners)

NAME: _____ TITLE: _____
 ADDRESS: _____ TEL.: (____) _____

3

NAME AND TITLE OF PERSON AUTHORIZED TO PLACE AN ORDER:

NAME: _____ TITLE: _____

4

TYPE OF BUSINESS: _____ IN BUSINESS SINCE _____ NO. OF EMPLOYEES: _____
 ESTIMATED MONTHLY SALES VOLUME: _____ CREDIT LIMIT REQUIRED: _____
 ACCOUNTS PAYABLE CONTACT: _____ TEL.: (____) _____

5

BANK REFERENCES:

NAME OF BANK: _____ NAME OF DIRECTOR: _____
 ADDRESS: _____
 CITY: _____ PROV.: _____ TEL.: (____) _____ FAX: (____) _____
 ACCOUNT NO.: _____ OPEN SINCE: _____

6

TRADE REFERENCES:

1	NAME:	ADDRESS:	TEL.: FAX:
2	NAME:	ADDRESS:	TEL.: FAX:
3	NAME:	ADDRESS:	TEL.: FAX:

7

CUSTOMER STATEMENT:

I, the undersigned, duly authorized for the company described in part 1, declare that, my personal knowledge and after verification, all information given is accurate. I hereby authorize all persons and companies mentioned above to provide Cobra Anchors Co. Ltd with the necessary information to evaluate my credit file.

Signed at: _____ Date: Month _____ Day _____ Year _____

Name: _____ Title: _____

Signature X _____

***Our terms are net 30 days unless otherwise specified in a contract**
**** All wrongfull information will automatically mean the immediate cancellation of the present application.**