



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

CANADIAN
 Based company

AMERICAN
 Based company

CREDIT APPLICATION

Date /Year	Month	Day
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1 NAME : _____
 COMPANY LEGAL NAME: _____
 ADDRESS : _____
 CITY : _____ PROVINCE: _____
 POSTAL CODE: _____ TEL () _____ FAX () _____

2 CORPORATION / PARTNERSHIP (owners)
 NAME: _____ TITLE: _____
 ADDRESSE: _____ TEL () _____

3 NAME AND TITLE OF PERSON AUTHORIZED TO PLACE AN ORDER:
 NAME: _____ TITLE: _____

4 TYPE OF BUSINESS: _____ IN BUSINESS SINCE _____ NO. OF EMPLOYEE: _____
 ESTIMATE MONTHLY SALES VOLUME: _____ CREDIT LIMIT REQUIRED: _____
 RESPONSIBLE FOR ACCOUNTS PAYABLE: _____ TEL.: _____

5 BANK REFERENCES:
 NAME OF BANK: _____ NAME OF DIRECTOR: _____
 ADDRESS: _____
 CITY: _____ PROV.: _____ TEL: () _____ FAX: () _____
 ACCOUNT NO.: _____ OPENED 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 at part 1, declare that at my personal knowledge and after verification, that 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: _____

X _____
Signature

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