APPLICATION FOR A COMMERCIAL BUSINESS ACCOUNT

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ACCOUNT TYPE** | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | |  | | | Corporate EPP | | | |  | | | |
| **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | |
| **COMPANY BILL-TO** | | | | | | | | | | **COMPANY SHIP-TO** | | | | | | | |
| Name | Click here to enter text. | | | | | | | | | Same as Bill-To | | |  | | | | |
| Address | Click here to enter text. | | | | | | | | | Address | | | Click here to enter text. | | | | |
| City | Click here to enter text. | | | | | | | | | City | | | Click here to enter text. | | | | |
| Province | Click here to enter text. | | | | | | | | | Province | | | Click here to enter text. | | | | |
| Postal Code | Click here to enter text. | | | | | | | | | Postal Code | | | Click here to enter text. | | | | |
| Phone | Click here to enter text. | | | | | | | | | Phone | | | Click here to enter text. | | | | |
| Fax | Click here to enter text. | | | | | | | | | Fax | | | Click here to enter text. | | | | |
| **COMPANY INFORMATION** | | | | | | | | | | | | | | | | | |
| Type of business | | | | | Click here to enter text. | | | | | Date business commenced | | | | Click here to enter a date. | | | |
| Tax I.D. No. | | | | | Click here to enter text. | | | | | DUNS No. | | | | Click here to enter text. | | | |
| How long at current address | | | | | Click here to enter text. | | | | | Website URL | | | | Click here to enter text. | | | |
| Name of company principal | | | | | Click here to enter text. | | | | | Name of company principal | | | | Click here to enter text. | | | |
| Title | | | | | Click here to enter text. | | | | | Title | | | | Click here to enter text. | | | |
| Legal business structure | | |  | | | |  | | | | |  | | | |  | |
| **CONTACT INFORMATION** | | | | | | | | | | | | | | | | | |
| **APPLICANT** | | | | | | | | | | **AP CONTACT** | | | | | | | |
| Name | Click here to enter text. | | | | | | | | | Name | | | Click here to enter text. | | | | |
| Title | Click here to enter text. | | | | | | | | | Title | | | Click here to enter text. | | | | |
| Phone | Click here to enter text. | | | | | | | | | Phone | | | Click here to enter text. | | | | |
| Mobile | Click here to enter text. | | | | | | | | | Mobile | | | Click here to enter text. | | | | |
| Email | Click here to enter text. | | | | | | | | | Email | | | Click here to enter text. | | | | |
| **FINANCIAL INFORMATION** | | | | | | | | | | | | | | | | | |
| **BANK REFERENCE** | | | | | | | | | | **CREDIT CARD** | | | | | | | |
| Bank Name | Click here to enter text. | | | | | | | | | Type of card | | | Select Card Type | | | | |
| Address | Click here to enter text. | | | | | | | | | Name on card | | | Click here to enter text. | | | | |
| City | Click here to enter text. | | | | | | | | | Credit card No. | | | Click here to enter text. | | | | |
| Province | Click here to enter text. | | | | | | | | | Expiry Date | | | Click here to enter text. | | | | |
| Postal Code | Click here to enter text. | | | | | | | | | CSV Code | | | Click here to enter text. | | | | |
| Phone | Click here to enter text. | | | | | | | | | **NOTE** | | | **The address below must match the billing address on the credit card statement.** | | | | |
| Account No. | Click here to enter text. | | | | | | | | |
| Contact Name | Click here to enter text. | | | | | | | | | Address for card | | | Click here to enter text. | | | | |
| Contact Phone | Click here to enter text. | | | | | | | | | City | | | Click here to enter text. | | | | |
| Contact Email | Click here to enter text. | | | | | | | | | Province | | | Click here to enter text. | | | | |
| Currency | Select Currency | | | | | | | | | Postal Code | | | Click here to enter text. | | | | |
| **TRADE REFERENCES** | | | | | | | | | | | | | | | | | |
| Company Name | | Click here to enter text. | | | | | | | | Contact Name | | | Click here to enter text. | | | | |
| Address | | Click here to enter text. | | | | | | | | Phone | | | Click here to enter text. | | | | |
| City | | Click here to enter text. | | | | | | | | Fax | | | Click here to enter text. | | | | |
| Province, Postal Code | | Click here to enter text. | | | | | | | | Email | | | Click here to enter text. | | | | |
| Account opened | | Click here to enter a date. | | | | | | | | Credit Limit | | | Click here to enter text. | | | | |
| Company Name | | Click here to enter text. | | | | | | | | Contact Name | | | Click here to enter text. | | | | |
| Address | | Click here to enter text. | | | | | | | | Phone | | | Click here to enter text. | | | | |
| City | | Click here to enter text. | | | | | | | | Fax | | | Click here to enter text. | | | | |
| Province, Postal Code | | Click here to enter text. | | | | | | | | Email | | | Click here to enter text. | | | | |
| Account opened | | Click here to enter a date. | | | | | | | | Credit Limit | | | Click here to enter text. | | | | |
| Company Name | | Click here to enter text. | | | | | | | | Contact Name | | | Click here to enter text. | | | | |
| Address | | Click here to enter text. | | | | | | | | Phone | | | Click here to enter text. | | | | |
| City | | Click here to enter text. | | | | | | | | Fax | | | Click here to enter text. | | | | |
| Province, Postal Code | | Click here to enter text. | | | | | | | | Email | | | Click here to enter text. | | | | |
| Account opened | | Click here to enter a date. | | | | | | | | Credit Limit | | | Click here to enter text. | | | | |
| **AUTHORIZED RESELLER PROGRAMS (Distributors and Resellers Only)** | | | | | | | | | | | | | | | | | |
| **JABRA AUTHORIZED RESELLER**  **You must be registered with the Jabra Authorized Reseller Program (ARP) to purchase Jabra Products.** | | | | | | | | | **OTTER PRODUCTS AUTHORIZED RESELLER**  **You must be registered with the Otter Products Authorized Reseller Program (ARP) to purchase Otter Products.** | | | | | | | | |
| Are you registered for Jabra ARP? | | | | | | Select Yes/No | | | If you are registered with the Otter Products ARP program, provide your ARP ID. | | | | | | | | Click here to enter text. |
| If you are NOT registered, you can do so at  <http://authorization.jabra.com/Register.aspx>  Use Distributor Code: **JBDISTC1** | | | | | | | | | If you are NOT registered, you can do so at.  <http://www.otterbox.com/en-us/arp-application.html> | | | | | | | | |
| **AGREEMENT** | | | | | | | | | | | | | | | | | |
| I/we declare that the above information is true, correct and complete and is given to induce the Company to extend credit. We authorize the Company to make such credit investigation as the Company sees fit, including contacting the above trade references and banks and obtaining credit reports. We authorize all trade references, banks and credit reporting agencies to disclose to the Company any and all information concerning the financial and credit history of my company and myself.  The individual by signing this credit application/agreement is executing this Application on behalf of Buyer and personally guarantees, and agrees to be personally liable for failure of the performance by Buyer of, any and all of Buyers’ obligations under this Application with Salmon Capital Corporation D/B/A Drexel Industries, including timely payment of any and all sums due to Salmon Capital Corporation D/B/A Drexel Industries. The personal guarantee also applies in the event that the Buyer declares Bankruptcy or applies for Bankruptcy protection. | | | | | | | | | | | | | | | | | |
| **LATE PAYMENT FEES** | | | | | | | | | | | | | | | | | |
| Interest will be charged on overdue invoices at a rate of 2% per month (26.82% per annum), both before and after demand and judgement. | | | | | | | | | | | | | | | | | |
| **SIGNATURES** | | | | | | | | | | | | | | | | | |
| I/we have read, understand and agree to all terms and conditions as stated above. | | | | | | | | | | | | | | | | | |
| Signature |  | | | | | | | | | Signature | | |  | | | | |
| Printed Name | Click here to enter text. | | | | | | | | | Printed Name | | | Click here to enter text. | | | | |
| Title | Click here to enter text. | | | | | | | | | Title | | | Click here to enter text. | | | | |
| Date | Click here to enter a date. | | | | | | | | | Date | | | Click here to enter a date. | | | | |

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| --- | --- |
| **INTERNAL USE ONLY** | |
| Company name |  |
| Customer number |  |
| Credit term approved | Net 15 days |
| Credit amount |  |
| Payment method | EFT/ Wire / ACH / Cheque or Credit Card \*Payment by credit card is subject to a credit card processing fee. All wire and bank transfer fees are to be paid by the customer. |
| Authorized by |  |
| Authorized date |  |