



APPLICATION FOR A COMMERCIAL BUSINESS ACCOUNT

ACCOUNT TYPE			
<input type="radio"/> Distributor	<input type="radio"/> Reseller	<input type="radio"/> Corporate Purchaser	<input type="checkbox"/> Corporate EPP <input type="radio"/> Other
GENERAL INFORMATION			
COMPANY BILL-TO		COMPANY SHIP-TO	
Name	Click here to enter text.	Same as Bill-To	<input type="checkbox"/>
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	<input type="radio"/> Corporation	<input type="radio"/> Sole Proprietorship	<input type="radio"/> Partnership <input type="radio"/> Other
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			
<i>(required for all customers requesting Credit Terms)</i>			
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 To resell Jabra, please follow link below. http://jabra.resellerregistration.com/ Use Distributor Code: CJBDISTOD		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.

INTERNAL USE ONLY	
Company name	Click here to enter text.
Customer number	Click here to enter text.
Credit term approved	Pre-Paid / Net 15 / Net 30
Credit amount	Click here to enter text.
Payment method	Cheque / EFT / Wire / ACH / Credit Card (credit card payments are subject to a 3% processing fee)
Authorized by	Click here to enter text.
Authorized date	Click here to enter a date.