



# Website Registration Form

FIRST NAME

LAST NAME

COMPANY NAME

ADDRESS

CITY

COUNTRY

PROVINCE/STATE

POSTAL CODE

EMAIL ADDRESS

PHONE NUMBER

WOULD YOU LIKE TO RECEIVE MARKETING E-MAILS ABOUT PROMOTIONS?

- YES / NO

SABRE ACCOUNT # *(We will fill this field for you)*

MOST FREQUENTLY PURCHASED PRODUCTS *(Optional)*

(FILL THIS FORM IF YOU DO NOT ALREADY HAVE AN ACCOUNT)

# Sabre Industrial Supplies

**Credit Application**

Tel: (604) 513-3050

Fax: (604) 513-3035

OUR TERMS: NET 30 DAYS FROM DATE OF INVOICE. 2% PER MONTH CHARGED ON OVERDUE ACCOUNTS

Name of Company \_\_\_\_\_ Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Shipping Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Website \_\_\_\_\_ Email \_\_\_\_\_

Type of business? \_\_\_\_\_ Number of employees? \_\_\_\_\_ Years in business? \_\_\_\_\_

Provincial Tax Number \_\_\_\_\_ Purchase Order Required (Y/N?) \_\_\_\_\_

Special Invoicing Instructions \_\_\_\_\_ Priced packing slip (Y/N?) \_\_\_\_\_

## Principals:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Office Manager or person responsible for approving and payment of account \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Acct Number \_\_\_\_\_

## Credit References (Trade only):

Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name of Purchasing Agent \_\_\_\_\_ Requested Credit Limit \_\_\_\_\_

In Consideration of Sabre Industrial Supplies Ltd, considering my/our credit application:

1. I/We do hereby guarantee payment of all purchases as they become due.
2. I/We do hereby authorize Sabre Industrial Supplies Ltd to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account.

This consent is given pursuant to Section 12 of the Personal Information Reporting Act. S.B.C.1973.

Signature \_\_\_\_\_ Position \_\_\_\_\_

Print Name \_\_\_\_\_ Signed this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

Office Use Only

Account Number	Credit Limit	Date Received	Date Approved	Salesman #
_____	_____	_____	_____	_____