

# Sabre Industrial Supplies Ltd

#12, 19272 96<sup>th</sup> Avenue  
Surrey, B.C. V4N 4C1

# Web Credit Application

Tel: (604) 513-3050  
Fax: (604) 513-3035  
ar@sabreindustrial.com

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 _____	Email _____
Name _____	City _____	Phone _____	Email _____
Name _____	City _____	Phone _____	Email _____
Name _____	City _____	Phone _____	Email _____
Name _____	City _____	Phone _____	Email _____
Name _____	City _____	Phone _____	Email _____

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

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