



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

**CANADIAN**   
 Based company

**AMERICAN**   
 Based company

# CREDIT APPLICATION

Date /Year	Month	Day
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**1**

NAME: \_\_\_\_\_

COMPANY LEGAL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE/STATE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ TEL.: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

**2**

**CORPORATION / PARTNERSHIP (owners)**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL.: (\_\_\_\_) \_\_\_\_\_

**3**

**NAME AND TITLE OF PERSON AUTHORIZED TO PLACE AN ORDER:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

**4**

TYPE OF BUSINESS: \_\_\_\_\_ IN BUSINESS SINCE \_\_\_\_\_ NO. OF EMPLOYEES: \_\_\_\_\_

ESTIMATED MONTHLY SALES VOLUME: \_\_\_\_\_ CREDIT LIMIT REQUIRED: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_ TEL.: (\_\_\_\_) \_\_\_\_\_

**5**

**BANK REFERENCES:**

NAME OF BANK: \_\_\_\_\_ NAME OF DIRECTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV.: \_\_\_\_\_ TEL.: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

ACCOUNT NO.: \_\_\_\_\_ OPEN SINCE: \_\_\_\_\_

**6**

**TRADE REFERENCES:**

<b>1</b>	NAME:	ADDRESS:	TEL.: FAX:
<b>2</b>	NAME:	ADDRESS:	TEL.: FAX:
<b>3</b>	NAME:	ADDRESS:	TEL.: FAX:

**7**

**CUSTOMER STATEMENT:**

I, the undersigned, duly authorized for the company described in part 1, declare that, my personal knowledge and after verification, 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: \_\_\_\_\_

**Signature X** \_\_\_\_\_

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