

COMPANY NAME:		YEARS IN BUSINESS:
MAILING ADDRESS:		YEARS AT PRESENT LOCATION:
CITY:	PROVINCE/STATE:	POSTAL/ZIP CODE:
PHONE:	FAX:	EMAIL:
SHIPPING ADDRESS:		
CITY:	PROVINCE/STATE:	POSTAL/ZIP CODE:
CORPORATION <input type="checkbox"/> SUBSIDIARY <input type="checkbox"/> DIVISION <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPIORTERSHIP <input type="checkbox"/>		
NAME OF PRESIDENT/OWNER:		EMAIL:
ACCOUNTS PAYABLE PERSON:		EMAIL:
BANK NAME:		ADDRESS:
CONTACT PERSON:		ACCOUNT NUMBER:
PHONE:	FAX:	EMAIL:

TRADE REFERENCE 1:

COMPANY NAME:		CONTACT PERSON:	
ADDRESS:			
CITY:	PROVINCE/STATE:	POSTAL/ZIP CODE:	
PHONE:	FAX:	EMAIL:	

TRADE REFERENCE 2:

COMPANY NAME:		CONTACT PERSON:	
ADDRESS:			
CITY:	PROVINCE/STATE:	POSTAL/ZIP CODE:	
PHONE:	FAX:	EMAIL:	

TRADE REFERENCE 3:

COMPANY NAME:		CONTACT PERSON:	
ADDRESS:			
CITY:	PROVINCE/STATE:	POSTAL/ZIP CODE:	
PHONE:	FAX:	EMAIL:	

Anticipated Monthly Purchase (\$) _____ Credit line requested (\$) _____ Tax ID # _____

Signature

Title

Date

PERSONAL GUARANTEE

TO: KARTNERS BATHROOM ACCESSORIES, NORTH VANCOUVER, BC

In the event Kartners Bathroom Accessories Extends credit to _____, then in consideration thereof, the undersigned hereby in his/her individual capacity personally guarantees payment of all goods and services sold by Kartners, to said corporation, its successors and assigns, under the same terms and conditions of the account to which apply to the corporation.

We are authorized to check information submitted as well as other sources available, and to answer questions about your credit experience with us, if requests by others.

SIGNATURE _____

DATE _____

If needed, Kartners reserves the right to request further information to approve credit.