

CUSTOMER CREDIT APPLICATION

BILLING ADDRESS

LEGAL COMPANY NAME: _____
 TRADING AS: _____
 STREET: _____
 CITY: _____
 PROV. / STATE: _____ POSTAL/ZIP CODE: _____
 TEL. #: _____
 BUYER'S EMAIL: _____
 WEBSITE: _____

SHIPPING ADDRESS

 I.R.S. / TAX # (U.S. ONLY): _____
 FAX #: _____
 RESIDENTIAL ADDRESS? YES NO
 DATE BUSINESS STARTED: _____

PROPERTY OWNER(S) / PRINCIPAL PARTNER(S) OR DIRECTOR(S)

1) NAME: _____ TITLE: _____ CELL #: _____
 2) NAME: _____ TITLE: _____ CELL #: _____
 3) ACCOUNTS PAYABLE CONTACT: _____
 LOCAL #: _____ EMAIL: _____

TYPE OF STORE: INDEPENDANT CHAIN DROPSHIP BRICK & MORTAR
 SPECIFY: CARRIER WITH ACCOUNT NO. _____

BANK REFERENCE

NAME: _____ STREET: _____
 CITY: _____ PROVINCE: _____ TEL.#: _____
 ACCOUNT #: _____ CONTACT: _____

PRINCIPAL SUPPLIERS FOR CREDIT REFERENCES

1) CO. NAME: _____ PROV / STATE: _____
 TEL. #: _____ FAX #: _____
 2) CO. NAME: _____ PROV / STATE: _____
 TEL. #: _____ FAX #: _____
 3) CO. NAME: _____ PROV / STATE: _____
 TEL. #: _____ FAX #: _____

GETTING TO KNOW YOU...

OF DOORS _____

PRODUCT TYPE: FASHION GIFT TRAVEL/LUGGAGE BOOKSTORE
 KIDS/YOUTH ELECTRONICS/SUPPLIES SPORTS/LEISURE ON-LINE/HOME PARTIES

PLEASE LIST BRANDS CURRENTLY SOLD IN YOUR STORE AND PERCENTAGE OF TOTAL BUSINESS:

Handbags: _____ %	Apparel: _____ %
1. _____ %	1. _____ %
2. _____ %	2. _____ %
3. _____ %	3. _____ %
Luggage: _____ %	Accessories: _____ %
1. _____ %	1. _____ %
2. _____ %	2. _____ %
3. _____ %	3. _____ %

I authorize CABRELLI INC. to conduct an investigation, including obtaining and exchanging credit and personal information for the purpose of verifying my financial standing.

SIGNATURE: _____ TITLE: _____
 PRINTED NAME: _____ DATE: _____