APPLICATION FOR A COMMERCIAL BUSINESS ACCOUNT

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ACCOUNT TYPE | | | | | | | | | | | |
| 🞏 Distributor | | | 🞏 Reseller | | 🞏 Corporate Purchaser | | 🞏 Corporate EPP | | | 🞏 Other |
| GENERAL INFORMATION | | | | | | | | | | |
| **COMPANY BILL-TO** | | | | | | **COMPANY SHIP-TO** | | | | |
| Name |  | | | | | Same as Bill-To | | 🞏 | | |
| Address |  | | | | | Address | |  | | |
| City |  | | | | | City | |  | | |
| Province |  | | | | | Province | |  | | |
| Postal Code |  | | | | | Postal Code | |  | | |
| Phone |  | | | | | Phone | |  | | |
| Fax |  | | | | | Fax | |  | | |
| COMPANY INFORMATION | | | | | | | | | | |
| Type of business | | | |  | | Date business commenced | | |  | |
| Tax I.D. No. | | | |  | | DUNS No. | | |  | |
| How long at current address | | | |  | | Website URL | | |  | |
| Name of company principal | | | |  | | Name of company principal | | |  | |
| Title | | | |  | | Title | | |  | |
| Legal business structure | | | | 🞏 Corporation 🞏 Sole Proprietorship 🞏 Partnership 🞏 Other | | | | | | |
| CONTACT INFORMATION | | | | | | | | | | |
| **APPLICANT** | | | | | | **AP CONTACT** | | | | |
| Name |  | | | | | Name | |  | | |
| Title |  | | | | | Title | |  | | |
| Phone |  | | | | | Phone | |  | | |
| Mobile |  | | | | | Mobile | |  | | |
| Email |  | | | | | Email | |  | | |
| FINANCIAL INFORMATION | | | | | | | | | | |
| **BANK REFERENCE** | | | | | | **CREDIT CARD** | | | | |
| Bank Name |  | | | | | Type of card | | 🞏 Mastercard 🞏 Visa | | |
| Address |  | | | | | Name on card | |  | | |
| City |  | | | | | Credit card No. | |  | | |
| Province |  | | | | | Expiry Date | |  | | |
| Postal Code |  | | | | | CSV Code | |  | | |
| Phone |  | | | | | **NOTE** | | **The address below must match the billing address on the credit card statement.** | | |
| Account No. |  | | | | |
| Contact Name |  | | | | | Address for card | |  | | |
| Contact Phone |  | | | | | City | |  | | |
| Contact Email |  | | | | | Province | |  | | |
| Currency | 🞏 Canadian 🞏 USD | | | | | Postal Code | |  | | |
| TRADE REFERENCES | | | | | | | | | | |
| Company Name | |  | | | | Contact Name | |  | | |
| Address | |  | | | | Phone | |  | | |
| City | |  | | | | Fax | |  | | |
| Province, Postal Code | |  | | | | Email | |  | | |
| Account opened | |  | | | | Credit Limit | |  | | |
| Company Name | |  | | | | Contact Name | |  | | |
| Address | |  | | | | Phone | |  | | |
| City | |  | | | | Fax | |  | | |
| Province, Postal Code | |  | | | | Email | |  | | |
| Account opened | |  | | | | Credit Limit | |  | | |
| Company Name | |  | | | | Contact Name | |  | | |
| Address | |  | | | | Phone | |  | | |
| City | |  | | | | Fax | |  | | |
| Province, Postal Code | |  | | | | Email | |  | | |
| Account opened | |  | | | | Credit Limit | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| AUTHORIZED RESELLER PROGRAMS (Distributors and Resellers Only) | | | | | | |
| **JABRA AUTHORIZED RESELLER**  **You must be registered with the Jabra Authorized Reseller Program (ARP) to purchase Jabra Products.** | | | **OTTER PRODUCTS AUTHORIZED RESELLER**  **You must be registered with the Otter Products Authorized Reseller Program (ARP) to purchase Otter Products.** | | | |
| Are you registered for Jabra ARP? | | 🞏 Yes 🞏 No | If you are registered with the Otter Products ARP program, provide your ARP ID. | | |  |
| If you are NOT registered, you can register at :  <http://authorization.jabra.com/Register.aspx>  Use Distributor Code: **JBDISTC1** | | | If you are NOT registered, you can register at :  <http://www.otterbox.com/en-us/arp-application.html> | | | |
| AGREEMENT | | | | | | |
| We declare that the above information is true, correct and complete and is given to induce the Company to extend credit. We authorize the Company to make such credit investigation as the Company sees fit, including contacting the above trade references and banks and obtaining credit reports. We authorize all trade references, banks and credit reporting agencies to disclose to the Company any and all information concerning the financial and credit history of my company and myself. | | | | | | |
| SIGNATURES | | | | | | |
| I/we have read the terms and conditions stated above and agree to all of those terms and conditions. | | | | | | |
| Signature |  | | | Signature |  | |
| Printed Name |  | | | Printed Name |  | |
| Title |  | | | Title |  | |
| Date |  | | | Date |  | |

Email the completed form to: [admin@Drexel.ca](mailto:admin@Drexel.ca)

|  |  |
| --- | --- |
| INTERNAL USE ONLY | |
| Company name |  |
| Customer number |  |
| Credit term approved |  |
| Credit amount |  |
| Payment method | 🞏 Company Cheque 🞏 Credit Card 🞏 Wire Transfer |
| Authorized by |  |
| Authorized date |  |