



## APPLICATION FOR A COMMERCIAL BUSINESS ACCOUNT

ACCOUNT TYPE				
<input type="checkbox"/> Distributor	<input type="checkbox"/> Reseller	<input type="checkbox"/> Corporate Purchaser	<input type="checkbox"/> Corporate EPP	<input type="checkbox"/> Other
GENERAL INFORMATION				
COMPANY BILL-TO		COMPANY SHIP-TO		
Name		Same as Bill-To	<input type="checkbox"/>	
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	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> 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	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa	
Address		Name on card		
City		Credit card No.		
Province		Expiry Date		
Postal Code		CSV Code		
Phone		<b>NOTE</b>	<b>The address below must match the billing address on the credit card statement.</b>	
Account No.				
Contact Name		Address for card		
Contact Phone		City		
Contact Email		Province		
Currency	<input type="checkbox"/> Canadian <input type="checkbox"/> 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)			
<b>JABRA AUTHORIZED RESELLER</b> You must be registered with the Jabra Authorized Reseller Program (ARP) to purchase Jabra Products.		<b>OTTER PRODUCTS AUTHORIZED RESELLER</b> You must be registered with the Otter Products Authorized Reseller Program (ARP) to purchase Otter Products.	
Are you registered for Jabra ARP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you are registered with the Otter Products ARP program, provide your ARP ID.	
If you are NOT registered, you can register at : <a href="http://authorization.jabra.com/Register.aspx">http://authorization.jabra.com/Register.aspx</a>		If you are NOT registered, you can register at : <a href="http://www.otterbox.com/en-us/arp-application.html">http://www.otterbox.com/en-us/arp-application.html</a>	
Use Distributor Code: <b>JBDISTC1</b>			
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	<input type="checkbox"/> Company Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/> Wire Transfer
Authorized by	
Authorized date	