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Trade Credit Application

BUSINESS NAME: _____

PHYSICAL ADDRESS: _____

BILLING ADDRESS: _____

TELEPHONE: (_____) _____ - _____ FACSIMILE: (_____) _____ - _____

E-MAIL: _____

BUSINESS ORGANIZATION: CORPORATION: _____ PARTNERSHIP: _____ INDIVIDUAL: _____

NAME OF PARENT CO. IF SUBSIDIARY: _____

HOME ADDRESS (IF INDIVIDUAL): _____

DATE STARTED: _____ DATE INCORPORATED: _____ PROVINCE INCORPORATED IN: _____

Officers, Partners or Individual Owners

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

BANK REFERENCE NAME: _____

TELEPHONE: (_____) _____ - _____ FACSIMILE: (_____) _____ - _____

ACCOUNT #: _____ CONTACT: _____

Trade References

NAME: _____ ADDRESS: _____

TELEPHONE: (_____) _____ - _____ EMAIL: (_____) _____ - _____

NAME: _____ ADDRESS: _____

TELEPHONE: (_____) _____ - _____ EMAIL: (_____) _____ - _____

NAME: _____ ADDRESS: _____

TELEPHONE: (_____) _____ - _____ EMAIL: (_____) _____ - _____

DATE: _____ FIRM NAME: _____

My signature below indicates I have read both pages 1 and 2 of the Sabre Group Credit Policy and agree to abide by the terms and conditions therein.

SIGNED: _____ TITLE: _____