



8021 Mons Road  
Whistler, BC  
V0N 1B8

Phone: (604) 932-5583 ext 223  
Fax: (604) 932-6158  
Email: ar@sabrentals.com

### 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: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FACSIMILE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FACSIMILE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FACSIMILE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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: \_\_\_\_\_