



136 Oneida Drive  
 Pointe-Claire, Qc H9R 1A8 CANADA  
 Tel: (514) 426-1332 1-800-361-2260 (Direct Line)  
**Fax: (514) 426-0543 (accounting)**  
 Fax: (514) 426-4330 (administration)  
 Fax: (514) 426-1171 (sales)  
 info@manaras.com  
 www.manaras.com

## CREDIT APPLICATION

Company Name: _____	Date: _____
Bill To Address: _____	Tel: _____
_____	Fax: _____
_____	Contact Payables: _____
Ship To Address: _____	Payables _____
_____	E-Mail Address: _____
_____	Fed. Tax#: _____
_____	(I.R.S. # U.S.): _____

### Legal Status

Proprietorship  Partnership  State/Provincial Corp.  Federal Corp.   
 Date Operations Began: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Last Incorporation: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Principals of Company, Administrators/Shareholders:

Name	Title	Age	% Shares Held	How Long in Firm
_____				
_____				

Nature of Business: \_\_\_\_\_  
 Annual Sales: \_\_\_\_\_ Market Area: \_\_\_\_\_ # of Employees: \_\_\_\_\_

Premises: Leased  Owned  Other Branches: \_\_\_\_\_ Will account be paid by Head Office?: Y  N   
 Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

### Major Suppliers (tel.# and fax #) Minimum of 3

1- \_\_\_\_\_  
 2- \_\_\_\_\_  
 3- \_\_\_\_\_

### Important Conditions of Sale

**First order is COD. Payment terms are net-30 days.**

1. I/We hereby authorize Manaras-Opera / 9141-0720 Quebec Inc. to conduct what credit investigation that they feel is necessary on the above company and owners names in this application.
2. I/We hereby agree that any outstanding balances unpaid on the due dates shall be subject to interest charges of 2% calculated monthly.
3. I/We hereby agree to pay all costs of collection of legal fees should such action be necessary due to non-payment.
4. I/We certify that the information provided on this application is true and correct.

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance to the Manaras-Opera / 9141-0720 Quebec Inc. terms.



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## CREDIT APPLICATION

### Communications

I/We wish to receive Manaras-Opera / 9141-0720 Quebec Inc. invoices and monthly statements:

via email  via standard mail

Please use the accounts payable email address provided above , if other: \_\_\_\_\_

I/We wish to receive e-communications regarding Manaras-Opera / 9141-0720 Quebec Inc. products

Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Additional Contact Name: \_\_\_\_\_ Additional Email Address: \_\_\_\_\_

Additional Contact Name: \_\_\_\_\_ Additional Email Address: \_\_\_\_\_

(You can opt-out of our mailing list at any time by using the unsubscribe option included in each email message)

Manaras-Opera Distribution Centers:  Delray Beach, FL  Forth Worth, TX  Montréal, QC

Manaras-Opera Sales Representative: \_\_\_\_\_

Name & Title (Please print): \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Credit Limit Requested: \_\_\_\_\_ Credit Limit Approved (Office use only): \_\_\_\_\_