



Dealer Application

Company Type: Sole Proprietorship Partnership Corporation Limited Entity

Legal Name of Business: _____ Trade Name _____

Billing Address: _____ City _____ Prov _____ PC _____

Shipping Address: _____ City _____ Prov _____ PC _____

Business Phone: _____ Fax: _____ Email: _____

President/Owner: _____

Signing Officer: _____

C.O.D. Credit Card Revolving Credit Account - Amount per Month: _____ Would you like

Reference

Name of Bank: _____ Transit #: _____ Account #: _____

Bank Address: _____

Contact: _____ Tel: _____ Fax: _____

I/We hereby request a revolving credit account from Optimal Business Group Ltd. and agree to pay for all invoices charged to the account. All invoices are subject to interest charges for late payment of 24% per annum (2% per month). Optimal Business Group Ltd. reserves the right to revoke, suspend or terminate the credit account at its discretion. Annual financial statements may be requested on all accounts with credit lines. The undersigned certifies that all information submitted is true and correct.

Owner or Officer Signature: _____

Printed Name: _____

Date: _____