

CREDIT APPLICATION

NAME OF COMPANY: _____
 ADDRESS: _____
 CITY: _____ PROVINCE: _____ POSTAL CODE: _____
 PHONE#: _____ FAX: _____
 EMAIL: _____ WEB: _____

TYPE OF OWNERSHIP:

PROPRIETORSHIP CHIEF EXECUTIVE/OWNER: _____
 PARTNERSHIP HOME ADDRESS: _____
 CORPORATION HOME PHONE#: _____

DUNS #: _____ YEARS ESTABLISHED: _____ CREDIT REQUESTED: _____
 (o.a.c.)

BANK REFERENCE:

BANK NAME: _____ ADDRESS: _____
 CONTACT: _____ BRANCH: _____
 TITLE: _____ TEL #: _____
 ACCOUNT #: _____ FAX #: _____

4 TRADE REFERENCES:

NAME: _____ NAME: _____
 ADDRESS: _____ ADDRESS: _____
 TEL #: _____ TEL #: _____
 FAX #: _____ FAX #: _____

NAME: _____ NAME: _____
 ADDRESS: _____ ADDRESS: _____
 TEL #: _____ TEL #: _____
 FAX #: _____ FAX #: _____

PROVINCIAL SALES TAX #: _____ G.S.T. #: _____

AUTHORIZED SIGNATURE: TITLE: _____
 (Please also print name below) _____ DATE: _____

This signature authorizes any bank or reference identified above to release any and all credit and financial information requested by the supplier identified herein regarding the above business. This information may be forwarded to a 3rd party for a credit report regarding the above business to assist in analyzing credit worthiness. In the course of normal business, it is also agreed and understood that the information may be shared with other providers of credit upon request. Thank you for your co-operation.

Marina Textiles Inc. is a member of C.I.S.

IN ORDER TO PROCESS YOUR APPLICATION IN A PROMPT AND EFFICIENT MANNER, PLEASE COMPLETE IN FULL.
 ALL ORDERS WILL BE STRICTLY C.O.D. UNTIL THE CREDIT APPLICATION IS APPROVED.

Please COMPLETE in FULL with SIGNATURE
FAX to 1-888-627-4622

MARINA TEXTILES INC.
Importer - Distributor - Manufacturer - Exporter
 Fabrics, Bed Sheets, Comforters - Institutional Linens, Towels & Bath Robes - Apparel and other Textile Products.
 (FILE: Y/FORMS/CREDIT APPLICATION)