

# JOLEK

The Premium Cartridge Company

9320 St.Laurent Blvd.,  
Suite 310, Montreal,  
Quebec, H2P 2M3

Phone: 514-387-3000  
Toll Free: 866-662-1120  
Fax: 514-387-5553  
Email: Info@Jolek.com

Customer no / No client: \_\_\_\_\_ Rep.: \_\_\_\_\_

## NEW ACCOUNT APPLICATION / DEMANDE DE NOUVEAU COMPTE

Tel no./ No tel.: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Sales contact: \_\_\_\_\_ Payable contact: \_\_\_\_\_

### BILL TO / FACTURER A :

Full Legal Name / Nom legal complet: \_\_\_\_\_

Name2 / Nom2: \_\_\_\_\_

Address / Adresse: \_\_\_\_\_

City / Ville : \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code postal: \_\_\_\_\_

### SHIPTO/LIVRER A:

Name / Nom : \_\_\_\_\_

Name2 / Nom2 : \_\_\_\_\_

Address / Adresse: \_\_\_\_\_

City / Ville : \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code postal: \_\_\_\_\_

### ADDITIONAL INFORMATION / RENSEIGNEMENTS COMPLEMENTAIRES:

Bank / Banque (Name, Address, Account #, Tel # / Nom, adresse, no compte, no tel.): \_\_\_\_\_

(Note: you must call your bank to authorize Jolek Inc. to check your references / veuillez autoriser votre banque de laisser Jolek Inc. de verifier vos references.)

GST No. TPS : \_\_\_\_\_ PST No. TVQ : \_\_\_\_\_

Trade Reference / References commerciales :

1. \_\_\_\_\_ Acc. # / no compte : \_\_\_\_\_ Tel. : ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

2. \_\_\_\_\_ Acc. # / no compte : \_\_\_\_\_ Tel. : ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

3. \_\_\_\_\_ Acc. # / no compte : \_\_\_\_\_ Tel. : ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Type of Business / Genre d'entreprise : \_\_\_\_\_ Years in Operation / Debut des activite : \_\_\_\_\_

Name and Address of Principals / Nom et adresse des proprietaires: \_\_\_\_\_

Requested limit / limite requise : \_\_\_\_\_ Email address/ adresse electronique: \_\_\_\_\_

### TYPE OF BUSINESS / GENRE D'ENTREPRISE:

VAR. System Integrator / VAR, Consultant : \_\_\_\_\_ Stationer, Office equipment / Papeterie. Equ. de bureau: \_\_\_\_\_

Supplies dealer / Revendeur de fournitures: \_\_\_\_\_ College, University bookstore / Librairie Univ. et Collegiale: \_\_\_\_\_

Computer store / Magasin d'ordinateur: \_\_\_\_\_ Mass merchant / Grand magasin: \_\_\_\_\_

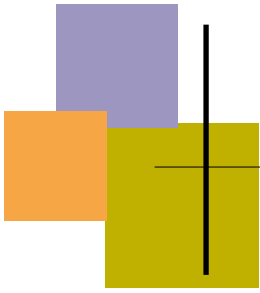
Wholesaler / Grossiste: \_\_\_\_\_ OEM / Manufacturier: \_\_\_\_\_

### PLEASE NOTE THE IMPORTANT CONDITIONS OF SALE / NOTEZ LES CONDITIONS DE VENTE:

Until the vendor is in receipt of all payment due and owing pursuant to this agreement, title to and ownership of the (goods) as well as any proceeds from the sale of such (goods) shall be and remain in vendor's name. The (purchaser) waives any and all right, protection of benefit it may have pursuant to any applicable conditional sales laws. / Le vendeur demeure propriétaire du ou des biens vendus en vertu des presentes jusqu'a parfait paiement complet de ceux-ci par l'acheteur.

I have read the conditions of sale on the reverse side and I hereby agree to them, I also agree to keep my account within the prescribed credit terms. / J'ai lu les conditions de vente au verso et je les accepte. J'accepte egalement de maintenir mon compte a l'interieur des marges de credit qui m'ont ete accordees.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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**ACCOUNT INFORMATION / RENSEIGNEMENTS SUR LE COMPTE**

Please confirm and sign this form to allow your bank to release credit information to Jolek Inc. regarding your account application.

Veillez completer et signer ce formulaire pour permettre a votre succursale bancaire de fournir a Jolek Inc., des informations concernant votre demande de credit.

\_\_\_\_\_ OF/DE \_\_\_\_\_

Authorized Signature/ Signature autorisee

Your Company Name/Nom de votre entreprise

Here by authorize the/ autorise la \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Bank Name and Address/Nom de la banque avec l'adresse)

To release to Jolek Inc. information regarding our banking relationship/  
A fournir a Jolek Inc. tout renseignement pertinent concernant notre relation  
bancaire.

Account Number/Numero de compte: \_\_\_\_\_

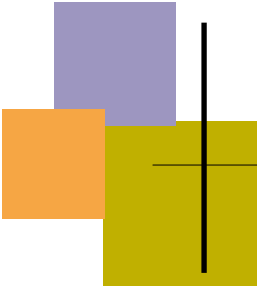
Account Officer's Name/Nom du directeur de compte: \_\_\_\_\_

Phone Number/Num'ro de telephone: \_\_\_\_\_

Fax Number/Num'ro de telecopieur: \_\_\_\_\_

Date: \_\_\_\_\_

**Thank You/Merci**



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## CREDIT CARD AUTHORIZATION FORM

VISA #: \_\_\_\_\_

MASTERCARD #: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

NAME OF ISSUING BANK: \_\_\_\_\_

I HEREBY authorize Jolek Inc. to use my credit card when authorized VERBALLY or with fax confirmation by myself for any future purchases that I may order.

COMPANY NAME: \_\_\_\_\_

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

TELEPHONE NO.: \_\_\_\_\_

FAX NO.: \_\_\_\_\_

CARDHOLDER'S NAME: \_\_\_\_\_  
(As appeared on the credit card)

CARDHOLDER'S ADDRESS: \_\_\_\_\_

CARDHOLDER'S TEL NO: \_\_\_\_\_

CARDHOLDER'S SIGNATURE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Kindly fax a copy of the front and the back of the credit card and the authorized credit card holder's driver's license. Please have the authorized cardholder sign above and return by fax at the earliest to:

FAX NO: 514-387-5553  
ATTENTION: New Accounts Department

Merci / Thank You  
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