

JOLEK

The Premium Cartridge Company

8366 Blvd. St.Laurent
MONTreal, Quebec
H2P 2M3

Phone: 514-387-3000
Fax: 514-387-5553
Email: Info@Jolek.com

Customer no / No client: _____ Rep.: _____

CREDIT APPLICATION / DEMANDE DE CREDIT

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: _____

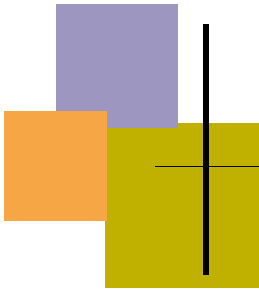
Wholesaler / Grossiste: _____ OEM / Manufacturier: _____

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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CREDIT INFORMATION / RENSEIGNEMENTS SUR LE CREDIT

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: _____

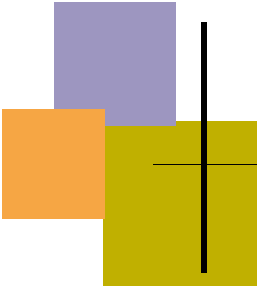
Account Officer's Name/Nom du directeur de compte: _____

Phone Number/Numero de telephone: _____

Fax Number/Numero de telecopieur: _____

Date: _____

Thank You/Merci



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