

Shop Name		Country	Country			
Contact Person		How long at current address?				
Address 1		Date business commenced?				
Address 2		Phone:	Phone:			
City		Mobile:	Mobile:			
State/Region		Fax:				
ZIP	 Email	Email				
		<del>-</del>				
Type of organization:	Sole Proprie	etorship Partnersl	hip	Corp	oration Other	
Bow Lines Carr		Payment Information				
	Credit Card No.	Credit Card No. Name on card				
	Name on card					
	Expiration date	Expiration date				
	D.	usinoss/Troda Dafa				
During Name	B	usiness/Trade Refer				
Business Name			Coi	ntact Person		
Street Address		City		State	Country	
Phone	Fax		E-N	Mail		
	В	usiness/Trade Refer	ences	S		
Business Name		Contact Person				
Street Address		City		State	Country	
Phone	Fax		E-N	Mail		
T Hone						
	В	usiness/Trade Refer	ences	S		
Business Name		Cor	Contact Person			
Street Address		City		State	Country	
Phone	Fax		E-N	 Mail		
	proval (Office					
Terms desired:		Approved (?) Initials:		1		
Date approved:		<u>'</u>		J		
In support of this application, Coppe other financial institutions or comme information will be held in strict con	rcial firms with w	hich I/we have done business.	. It is ur	nderstood that a		
Upon approval of this application, it not pay Copper John Corporation ace 2% of my/our account balance will be of computing future service charges. I/we agree to pay all reasonable attor	cording to terms, in the levied each mon Should Copper Jo	t is understood that dealer privath. Unpaid service charges work the Corporation find it necess	vileges r vill be ac sary to o	may be withdray lded to the follo obtain assistance	wn, and that a service charge equal to wing months balances for purposes in collecting any past due balances,	
Signature/Title						