

SABB INTERNATIONAL INC.
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CSP CENTRE NORGATE
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TEL : 514-335-0466
FAX:514-335-1287

Credit Application

Complete Legal Name _____

Address _____

City _____ Province/State _____ Postal/ZipCode _____

Telephone number _____ Fax Number _____

Billing address if different than
above _____

Name of
Owners _____

Account s Payable
Contact _____

**Motor Carrier
Number** _____

Credit References: Please list three main suppliers **excluding** fuel and telephone Companies.

1) Name _____

Telephone number _____ **Fax number** _____

Contact name _____

2) Name _____

Telephone number _____ **Fax number** _____

Contact name _____

3) Name _____

Telephone number _____ **Fax number** _____

Contact name _____

I certify by signing this document, that the above information is true. I understand that our credit terms are net 30 days from the date of invoice. Any overdue balance is subject to a credit charge of 2% per month 24% annually.

Name _____ Signature _____

Title _____ Date _____