



X Brands Inc. 2067 rue Louis-Faucher, Magog, Québec, Canada J1X 7K3
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CUSTOMER PROFILE

GENERAL INFORMATION

Date : _____

Legal name of the business : _____ Company name : _____

Address : _____ City : _____ Prov. : _____

Postal Code : _____ Tel: _____ Fax : _____ Email: _____

Prov. sales tax No: _____ Fed. sales tax No : _____ Owner's name: _____

Purchaser's name : _____

Number of years in business : _____ Anticipated amount of purchase of X Brands products : _____

Type of business : _____

Are you a company or an individual? _____

Is the address above, your principal place of business? Yes No

If not, explain : _____

BANK REFERENCES

Bank name: _____ Account No : _____

Address : _____ Telephone No : _____

Bank contact : _____

TRADE REFERENCES (Name, address, telephone No and fax No of three primary suppliers)

- 1) _____
- 2) _____
- 3) _____

CONDITIONS OF SALES

- 1) Agree to respect the payment term of 30 days.

The signatory, do hereby declare to be fully authorized to ask all the representations mentioned above, for and behalf of the client. He or she gives the authorization from all the parties to obtain credit reports and all disclose pertinent information. He or she also authorizes those parties to disclose any relevant credit information. The signatory acknowledges having read this Agreement and accepts all the terms and conditions.

Client Signature or Authorized Representative

Title

INTERNAL USE ONLY

Pre-paid purchases : _____

Representative : _____

Authorized line of credit : _____

Approved by : _____

Credit Manager

| |
|------------------|
| Comments : _____ |
| _____ |
| _____ |

Approved by : _____

Sales Manager