

COMPANY INFORMATION

Company Name:			Trade Name/DBA:				
Billing Address:			Shipping Address:				
City:	State:	ZIP:	_ City:	State: ZIP:			
Phone:	one:Fax:			Contact Name:			
Federal Tax ID#:			_ Position:				
Please Check One:	Individual 🗆	Corporation \Box	Type of Business:	Date Est.:			
LLC 🗆 Pa	artnership 🗆	Sub-S Corp 🗆	Annual Sales:	Years in Business:			
Purchasing Agent Email Address:			Accounts Payable Email Address:				

BUSINESS/TRADE REFERENCES					
Name:		_ Phone:		Fax:	
Address:	_ City:		Years:	Month	ly Bal.:
Email:					
Name:					
Address:	_ City:		Years:I		ly Bal.:
Email:					
Name:					
Address:	_ City:	Years:		Month	ly Bal.:
Email:					
BANK REFERENCE					
Name of Bank:		_ Phone:		Fax: _	
Address:	City:		Stat	te:	_ ZIP:
Checking Account #:	Loan Account #:				



Wire Transfer

Beneficiary Account Transit: 02440 Account: 4001061 Beneficiary Name: Amantii Imports Corp Beneficiary Bank: Royal Bank of Canada Swift: ROYCCAT2 Banking Address: 1840 Cooper Rd, Kelowna, BC V1Y 8K5

Correspondent: JP Morgan Chase Bank Intermediary BK: New York Swift Code: CHASUS33 ABA# 021000021 For European Wires IBAN Number Canadian Banks do not have IBAN numbers

When clients are requesting an RBC IBAN number, this is simply our Bank Number(003), clients account number, and transit number combined: 003024404001061

The IBAN number is only for countries(mainly European) that are part of the European Union

AGREEMENT

I authorize the Amantii Imports Corp to receive all information as requested, relating to our credit and background experiences with above mentioned Trade and Bank references. All accounts are net 30 days. Starting on the 31st day a 1.5% per month service charge (18% per annum) will be levied on any unpaid balance. The undersigned guarantees Amantii Imports Corp the payment of all invoices within the terms and conditions of the sale and further agrees to pay all collection, legal expenses, attorney fees (including fees incurred on appeal), and interest should they become necessary to collect the monies due to them. The undersigned does hereby certify that the information contained above is true and correct, and further, agrees that any changes in ownership, officers, or form that the business operates as shall be made known to Amantii Imports Corp This notice shall be in writing and mailed to Amantii Imports Corp - 502-1027 Davie Street, Vancouver, BC V6E 4L2

Date:______ Signature:______ Title: ______

502-1027 Davie Street, Vancouver BC V6E 4L2 • Phone: 1-877.850.9458 • Fax: 1-877-725-4954