

CREDIT APPLICATION

BUSINESS INFORMATION

COMPANY NAME: _____
ADDRESS: _____
CITY: _____ POSTAL CODE: _____
BUSINESS PHONE: _____ BUSINESS FAX: _____
PST # _____ LEGAL CORPORATE NAME _____
GST # _____ YEARS UNDER PRESENT OWNERSHIP: _____

BUSINESS IS REGISTERED AS A

Sole Proprietorship Partnership Corporation

BUSINESS OWNERSHIP

NAME OF OWNER(S) _____ / _____
HOME ADDRESS: _____
CITY: _____ POSTAL CODE: _____
HOME PHONE: _____ FAX: _____

(PLEASE USE THE BACK OF THE FORM IF MORE SPACE IS NEEDED)

ACCOUNTING CONTACT

Accounts Payable Supervisor: _____ Phone No. _____
Fax No. _____ Email Address: _____

TRADE REFERENCES

1. _____ Contact: _____ PH: _____
2. _____ Contact: _____ PH: _____
3. _____ Contact: _____ PH: _____

BANK INFORMATION

Bank Name & Branch: _____
Account No. _____ Account Manager _____
Account Manager Contact Info: Phone # _____ Email _____

Value of Credit Requested: (CDN\$)
Terms of Payment: NET 14 DAYS

I hereby request credit accommodation from DOVRE IMPORT & EXPORT LTD, and grant my permission to obtain credit information about the above-named company for which I am a signing officer. If credit is granted, I agree to pay for my purchases in accordance with the terms stated above. I further agree, in consideration of the credit extended to me, to pay a service charge on any amounts past due at the rate of 2.5% per month calculated and charged monthly (effective rate 34.5% per year). I further agree that if collection and/or legal procedures are necessary, the resulting fees will be my responsibility.

I certify the above information to be true and correct

SIGNATURE: _____ DATE: _____ TITLE: _____