

CREDIT APPLICATION

Full Name of Company : _____

Address : _____

_____ Postal code : _____

Phone Number : _____ Fax : _____ Email : _____

Type of business : _____ In business Since : _____

Name of Owner: _____ Telephone : _____

Home Address : _____ Home Telephone : _____

Name Landlord: _____ Telephone : _____

Name of Bank : _____ Address : _____

Phone Number : _____ Account Number : _____

CREDIT REFERENCES

Name Company : _____ Customer # _____

Address : _____ Postal code : _____

Telephone : _____ Fax : _____

Name of the company : _____ Customer # _____

Address : _____ Postal code : _____

Telephone : _____ Fax : _____

Name of the company : _____ Customer # _____

Address : _____ Postal code : _____

Telephone : _____ Fax : _____

Name of the company : _____ Customer # _____

Address : _____ Postal code : _____

Telephone : _____ Fax : _____

I certify that the information given above is accurate. I authorize irrevocably D.S.A. Inc. to obtain or exchange information on my financial situation with any personal agent in view to establish and / or verify my credit status. I acknowledge that this serves as a written authorization. It is understood that all invoices will be payable according to the established terms and I will abide by these terms of credit, otherwise credit will be suspended. Title of merchandise does not pass from seller to buyer until account has been settled in full.

Name of signatory : _____ Date : _____

Signature : _____ Title : _____