

CREDIT APPLICATION

New Customer Application

Name of Business: _____

Billing Address: _____

Shipping Address (if different from billing): _____

City: _____ State: _____ ZIP Code: _____

Tax #: _____ Years in business: _____ ☐ Corporation ☐ Partnership ☐ Proprietorship

Names of Partners or Principles

Name: _____ Title: _____ Address: _____

Name: _____ Title: _____ Address: _____

Accounts Payable Contact

Name: _____ Phone: _____ Fax: _____

Send invoices: ☐ By email: _____

Bank and Trade References (only if applying for credit)

Bank: _____ Contact: _____

Address: _____ Phone: _____ Fax: _____

Trade Reference: _____ Contact: _____

Address: _____ Phone: _____ Fax: _____

Trade Reference: _____ Contact: _____

Address: _____ Phone: _____ Fax: _____

Credit Requested: ☐ \$1000 ☐ \$3000 ☐ \$5000 ☐ Other: _____

Terms of Sale (Credit accounts only): Net 30 Days on accounts. Overdue account charged 2% interest monthly.

Please send all order to (orderdesk@dlcana.com)

I/We hereby jointly and severally agree to pay your account according to your terms of sale and to pay interest at the rate of 2% per month on all amounts in arrears and that this charge shall be debited directly to the account and become an actual part of the total indebtedness. I/We agree to pay all legal fees on a solicitor and client basis together with all disbursements incurred by DLCANA Inc. to remedy any default in payments.

Completed by: _____ Signed: _____ Date: _____

Witnessed by: _____ Signed: _____ Date: _____