

CUSTOMER PROFILE

Please read the following before completing this form:

Applicant acknowledges that the information given in this application is complete and accurate and authorizes us to obtain credit reports from credit reporting agencies and to contact business references and other sources disclosed herein when investigating the information given. This application must be filled out in full. Should a charge account be approved, I/We agree to pay an interest charge of 2% per month on any overdue balance and all returned cheques will have a \$50 surcharge.

CUSTOMER INFORMATION

Company Name: _____ Product Required: _____

Street Address (Shipping): _____

City: _____ Province/State: _____ Country: _____ Postal/Zip Code: _____

Phone: _____ Fax: _____ Website: _____

Billing Address: (if different from above) _____

Payables Contact: _____ Email: _____

NAME OF OWNERS/OFFICERS

President/Owner: _____ Street Address: _____

City: _____ Province/State: _____ Country: _____ Postal/Zip Code: _____

Purchasing Contact: _____ Email: _____ Purchase Orders Required: Yes No

BUSINESS REFERENCES

Name: _____ Email: _____ Phone #: _____

Address: _____ Account #: _____ Fax #: _____

Name: _____ Email: _____ Phone #: _____

Address: _____ Account #: _____ Fax #: _____

Name: _____ Email: _____ Phone #: _____

Address: _____ Account #: _____ Fax #: _____

PAYMENT OPTIONS (Please choose A or B)

A. Credit Card Account: VISA M/C

Account #: _____ Name on Card: _____ Expiry Date: _____ CV Code: _____

We hereby authorize you to charge the credit card account for orders: Signature: _____

B. Charge Account: Corporation Partnership Proprietorship Approximate Credit Required \$: _____

Year Established: _____ Bank: _____ Phone #: _____

Bank Address: _____ Bank Contact: _____

Personal Guarantee:

In consideration of Diversco, purchases under this commercial credit account application/agreement, the guarantor hereby agrees to unconditionally personally guarantee payment and performance under the terms of the agreement to the holder of this agreement in the event the above purchaser fails to do so. Guarantor hereby waives any notices regarding the agreement of this guarantee and agrees that this guarantee shall be applicable for as long as this agreement and account shall be operative. All goods remain property of Diversco until paid in full.

Name: _____

Street Address: _____

City: _____ Province/State: _____ Country: _____ Postal/Zip Code: _____

Signature: _____ Date: _____

Please fax or email back to Diversco | ar@diverscosupply.com | Fax: 519-740-7303

FOR OFFICE USE ONLY: (Do not write in this space.)

Credit Approved By: _____ Amount: \$ _____ Date: _____