

Dainolite



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Mississauga, Ontario, Canada L5T 2E4
Tel. No. (905) 564-1262 Fax. No. (905) 564-1299
E-Mail: accountsreceivable@dainolite.ca

CUSTOMER APPLICATION FORM

COMPANY NAME: _____

DATE: _____

STREET: _____

CITY: _____

PROVINCE/STATE: _____

POSTAL/ZIP CODE: _____

NAME OF APPLICANT: _____

TITLE: _____

NAME OF PRINCIPAL(S): _____

PHONE : _____

FAX: _____

E-MAIL: _____

A/P CONTACT NAME: _____

A/P E-MAIL: _____

WEB SITE: _____

FED ID #: _____ (USA only)

INVOICE & BILLING ADDRESS (IF DIFFERENT FROM ABOVE):

GST/HST #: _____

NUMBER OF YEARS IN BUSINESS: _____

IF MORE THAN ONE LOCATION IS TO BE SERVICED, LIST ALL "SHIP TO" ADDRESSES AND BILLING POINTS ON REVERSE OF THIS FORM.

<u>BANK NAME</u>	<u>BANK ADDRESS</u>	<u>TELEPHONE NUMBER</u>	<u>ACCOUNT NAME</u>
_____	_____	_____	_____
_____	_____	_____	_____

TRADE REFERENCES:

<u>NAME</u>	<u>FAX NUMBER</u>	<u>TELEPHONE NUMBER</u>	<u>EMAIL</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

CREDIT AGREEMENT

In consideration of extension of credit by Dainolite Ltd. (hereinafter Dainolite), I/We agree to the following terms/conditions:

1. I/We agree to pay in full all credit purchase within the terms stated by Dainolite.
2. I/We agree to pay service charges at 1.5% per month (18% per annum) on all outstanding invoices
3. The undersigned personally guarantees all monies due under the agreement in their individual capacity.
4. If Dainolite retains counsel for the purpose of collecting monies due under this agreement, I/We agree to pay reasonable attorney's fees, as well as disbursements and statutory court costs connected with the collection.

SIGNATURE: X _____

PRINT NAME: _____

DATE: _____