

## CREDIT APPLICATION

### BUSINESS NAME & ADDRESS

Company Name:

Phone:

Fax:

E-mail:

Company address:

City:

Prov:

Postal Code:

### BUSINESS AND CREDIT INFORMATION

Type of Business:

In business since:

Proprietorship:

Partnership:

Corporation:

A/P Contact Name:

Phone:

Fax:

E-mail:

Bank Name:

Phone:

Fax:

Address:

City:

Prov:

Postal Code:

Account Number:

### BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

Prov:

Postal Code:

Phone:

Fax:

E-mail:

Company name:

Address:

City:

Prov:

Postal Code:

Phone:

Fax:

E-mail:

Company name:

Address:

City:

Prov:

Postal Code:

Phone:

Fax:

E-mail:

ESTIMATED MONTHLY CREDIT REQUIREMENTS:

**Financial information may be requested in addition to the information provided herein.**

### DEK CANADA CREDIT AGREEMENT

In consideration of DEK Canada extending credit to the above business, the applicant does hereby agree to individually or jointly pay for all products according to DEK Canada's payment terms. In the event that the account is placed with a third party for collection, applicant agrees to pay all costs, including attorney's fees and court costs and agrees the venue for litigation will be in the province of Quebec. Execution of this document by the applicant or the applicant's agent shall serve as certification that the above furnished information is true and correct. The applicant agrees to advise DEK Canada of any changes in the statements and information provided to DEK Canada pursuant to or with the credit application. The undersigned also warrants the applicant has read, understands and agrees to the DEK Canada Credit Agreement and has the authority to apply for credit and make the statements herein.

### SIGNATURE(S)

Title:

Date:

Title:

Date:

**RETURN BY FAX TO 514-685-5804**