



# Diversified Ventures



a Division Of 1043426 Ontario Inc.  
100 Ironside Crescent Units 13 & 14, Scarborough, Ontario, M1X 1M9  
Ph: 416-293-8989 Fax: 416-293-8840

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

Province:

Postal Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

### BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

Province:

Postal Code:

Accounting Contact Information

Name:

Telephone:

E-mail:

Bank name:

Bank address:

Phone:

City:

Province:

Postal Code:

Type of account

Account number:

Savings

Account Manager:

Checking

Other

Amount of credit Requested:

### BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

E-mail:

Type of account:

### AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Diversified Ventures. To make inquiries into the banking and business/trade references that you have supplied.

### SIGNATURES

Title:  
Date:

Title:  
Date: