

BUSINESS CONTACT INFORMATION			
Company name:			
Phone:		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:			
CREDIT REQUEST			
Credit Limit:			
Terms:			
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:		Title:	
Date:		Date:	