



REQUIRED SECTION* APPLICATION FOR CREDIT

13931 Bridgeport Road, Richmond, BC V6V 1J6 | Ph: 604-234-4545 | Fax 604-234-4546 teri.janos@dovre.ca

* BUSINESS CONTACT INFORMATION

Name of Applicant	Title:	Owner's Home Phone:
Company Name:	DBA:	
Co. Phone:	Fax:	E-mail:

* BUSINESS AND CREDIT INFORMATION

How long at current address?		
Bank Name:	Phone:	Fax:
Bank Manager's Name:		
Bank Address :		
City:	Province:	Postal Code:
Type of Account	Account Number	
Savings		
Chequing		
Other		

* BUSINESS/TRADE REFERENCES

Company name:		
Street Address:		
City:	Province:	Postal Code:
Phone:	Fax:	E-mail:
Contact if known:		
Company name:		
Street Address:		
City:	Province:	Postal Code:
Phone:	Fax:	E-mail:
Contact if known:		
Company name:		
Street Address:		
City:	Province:	Postal Code:
Phone:	Fax:	E-mail:
Contact if known:		

* AGREEMENT - FOR ESTABLISHING CREDIT

1. Invoices are to be paid 14 days from the date of delivery or receipt of shipment
2. **First order is Prepaid or C.O.D**
3. Claims arising from invoices must be made within 5 (five) working days
4. By submitting this application, you authorize Dovre Import & Export Ltd. to make inquiries into the banking and business/trade references that you have supplied along with an Equifax report.
5. By signing below you personally guarantee all debts owing to Dovre Import & Export Ltd.
6. Payment is selected in Wholesale Account Application. Terms will apply & payment can be made when due, O.A.C.

* SIGNATURES*

Title:	Title:
Date:	Date:
X	X