

# Credit application

Duplium 

Please fax to 905-709-4238

FOR INTERNAL USE ONLY , PRIVATE AND C ONFIDENTIAL • THIS INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE: ALL INFORMATION MUST BE COMPLETED

Customer Contact:

Duplium Contact:

## Business Information and Description

Name of Business:

No. of Employees:

Credit Requested:

Legal Name (if different):

Type of Business:

In Business Since:

Address:

Business Structure:

City:

Province/ State:

Postal/Zip Code:

Corporation

Partnership

Proprietorship

Telephone:

Fax:

Division/ Subsidiary

Name of Parent Company:

Email:

Duns#:

In Business Since:

SIC Code:

## Company Principals Responsible for Business Transactions

1. Name and Title:

2. Name and Title

Address:

Address:

Telephone:

Fax:

Telephone:

Fax:

Accounts Payable Contact:

Controller/ V.P. Finance/ C.F.O.:

Telephone:

Fax:

Telephone:

Fax:

## Bank References **IMPORTANT: PLEASE NOTIFY YOUR BANK TO RELEASE THE APPROPRIATE INFORMATION.**

Name of Bank:

Branch Transit Number:

Address:

Name of Contact:

Telephone:

Fax:

Chequing Account No.:

## Trade References

1. Name of Company:

Confirmation of Information Accuracy and Release of Authority to Verify  
I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by Duplium Corporation in determining the amount and condition of credit to be extended. I understand that Duplium may also utilize the other sources of credit which it considers necessary in making this determination. Further I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist Duplium in establishing a line of credit.

Telephone:

Fax:

Date

2. Name of Company:

Telephone:

Fax:

Name and Title (please print)

3. Name of Company:

Telephone:

Fax:

Signature