

19192 Hay Road, Unit Q Summerstown Ontario, KOC 2E0 Tel (613) 931-3334 Toll Free (855) 931-3334 Fax (613) 931-2888 DevancoCanada.com

CREDIT APPLICATION

Authorized Signature

Thank you for your interest in Devanco Canada. In order that an account be established for your company, we ask that this application for credit be completed and either returned to your sales representative or emailed/faxed back to us. All information provided will remain confidential.

COMPANY INFORMAT	TION			
Company Name:			Mailing Address	
Suite #:				
City/Town:	Prov./State:		City/Town:	Prov./State:
Country:	Postal Code/Zip:_		_ Country:	Postal Code/Zip:
Telephone:	Fax:		_ Telephone:	Fax:
Contact (Sales):			_ Contact (Accts. Paya	able):
	ovide your business email addre	ess to receive ele		help us in our mission to become more circumstance will your email address
*Email:			*Email:	
Incorporation Date:			_ Type of Business:	
Corporate Officers				
Name:			Title:	
Name:			Title:	
Name:			Title:	
Related Companies:				
CREDIT REFERENCES	;			
Name:		Email:		Fax:
Name:		Email:		Fax:
Name:		Email:		Fax:
GENERAL TERMS				
Monthly Credit Amount Requested \$			Language of Correspon	ndence: English French
according to Devanco Canada costs, including attorney's fee applicant or applicant's agent Canada of any material chang	a's payment terms. In the event to es and court costs and agrees the t shall serve as certification that to ges in the statements and informate e applicant has read, understand	that the account e venue for litigat the above furnish ation provided to	is placed with a third party for tion will be in the province of the dinformation is true and co to Devanco Canada pursuant t	o individually or jointly pay for all products or collection, applicant agree's to pay all Ontario. Execution of this document by the orrect. Applicant agrees to advise Devanco to or with the credit application. The ogreement and has the authority to apply
SIGNATURE(S) Must be signe	ed by owner, proprietor, general p	partners if partne	rship or officer/agent with tit	tle if corporation.
APPLICANT:		Date:		