DSG Mouldings Ltd

Unit #130 – 11611 No.5 Road, Richmond BC Phone:778-952-4244 / 604-782-1063 www.dsgmouldings.ca

APPLICATION FOR CREDIT

Applicant's Email Address:			
Credit Required: \$ Job	Site Address:		
Contractor 🔿 Home Owner 🔾	Corporation ()	Proprietorship 🔘	
Company Name (in full):			
Limited or Incorporated Company:			
→ MUST complete personal guarantee			
Address:			Phone:
City: Postal Code:			PST#:
How long in business:	_		GST#:
1			2
(Signature)			(Signature)
The undersigned by signing this application on and save harmless DSG Mouldings Ltd., against including interest charges as stated on the appl	any loss. The unders	igned agrees to pay all debits of	
1	_	2	
(Signature)			(Signature)
HOME OWNER ONLY			
ightarrow The following section to be completed w	when applying for crea	dit:	
Applicant's Name:			
Address:			Phone:
City:	Postal Code:		
Employer:	How long:		Phone:
Applicant's Birth Date:			SIN (Optional):
Spouse Name: Spouse's	Employer:		

ALL APPLICANTS

 \rightarrow The following section to be completed when applying for credit: Address:_____ Bank:___ _____ Contact: Phone: Mortgage Source:_____ Phone:_____ Credit Card Type: O Visa O Master Card Credit Card Number: _____ Expiry Date:_____ Name of Card Holder:____ SUPPLIER REFERENCE- Must Fill 1. Name:_____ Address:_____ Phone: 2. Name:_____ Address:_____ Phone:_____

I/we hereby authorize DSG Mouldings Ltd. To obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of credit amount or any other direct business requirement. This consent is given pursuant to the Credit Reporting Act, RSBC 1979 Ch.78.

Phone:_____

Terms of sales are Net 25 days from date of delivery. Interest at the rate of 2% per month (24% annum) will be charged on all overdue amounts.

 Date:
 Applicant:

 Per:
 Per:

(Product Advisor)

3. Name:_____ Address:_____

(Authorized Signatory)