

# DIAMANT INC.

9-6355 Kennedy Rd., Mississauga, ON L5T 2L5  
Tel: (905) 670 – 2984 Fax: (905) 670 – 1674

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## APPLICATION FOR CREDIT (Our Terms are Net 30 Days for Approved Accounts.)

Date: \_\_\_\_\_

Full Legal Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

President: \_\_\_\_\_ A/P Contact: \_\_\_\_\_

Bank & Branch: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Credit Line Requested: \_\_\_\_\_ PST: \_\_\_\_\_

### Current Supplier References (*PLEASE – No Steel or Raw Materials*):

Name: \_\_\_\_\_

Product Supplied: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Product Supplied: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Product Supplied: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ (Signature & Title)

**CREDIT AGREEMENT:** The undersign hereby makes application to Diamant Inc. for a credit account and by doing so grants permission to Diamant Inc. to verify all credit information and make all credit inquiries. All statements in this application must be complete, accurate and truthful. Diamant Inc. requires that all invoice be paid within 30 days from the invoice date. There will be a 1 – 1/2 % per month charge on all accounts past due. In the event that collection procedures or action is instituted on this account, the undersigned agrees to pay all expenses of such procedures, including reasonable attorney's fees. The undersigned warrants that the above agreement has been carefully read and understood.