



Dicks and Company Limited
385 Empire Avenue
P.O. Box 490
St. John's, NL A1C 5K6

Tel: (709) 579-5111
Fax: (709) 579-2305

P.O. Box 6
244 Water Street
Carbonear, NL
A1Y 1B5

Tel: (709) 596-3599
Fax: (709) 596-2699

2 Pinsent Drive
Grand Falls-Windsor, NL
A2A 2R6

Tel: (709) 489-5533
Fax: (709) 489-5030

23 Forest Hill Road
Corner Brook, NL
A2H 2S7

Tel: (709) 639-1813
Fax: (709) 639-1095

CREDIT APPLICATION

Company Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone No: (____) _____ Fax No: (____) _____
TYPE OF BUSINESS: Proprietorship Partnership Corporation Other (specify) _____
Amount of Credit Requested: \$1000 \$5000 Other (specify) _____
P.O. Numbers Used: Yes No Email Address: _____
In Business Since: _____ At Above Address Since: _____

NAME OF OWNER OR PRINCIPALS:

Name: _____ Title: _____
Name: _____ Title: _____
Accounts Payable Contact: _____ Purchasing Contact: _____
HST # _____
BANK REFERENCE: _____ Phone No. (____) _____
Address: _____ Contact Name: _____
_____ Bank Account No.: _____

TRADE REFERENCES (2 Required):

Name: _____ Phone: (____) _____
Address: _____ Fax: (____) _____
Name: _____ Phone: (____) _____
Address: _____ Fax: (____) _____

Will you accept C.O.D. shipments until this application is processed? Yes No

We make the foregoing application for credit in writing intending that you should rely on it for the purpose of our obtaining merchandise from you on credit. We agree to your payment terms of net 30 days with interest charges of 2% per month on past due amounts.

SIGNED BY _____ DATE OF SIGNATURE _____

INTERNAL USE ONLY

Account # _____
Sales Representative: _____ Account established by: _____
Account Approved by: _____ Date: _____