

**Dicks and Company Limited**

385 Empire Ave.  
P.O. Box 490  
St. John's, NL A1C 5K6

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

P.O.Box 6  
244 Water St.  
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

# 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:  \$500  \$1000  Other (specify) \_\_\_\_\_  
P.O. Numbers Used: Yes  No   
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: \_\_\_\_\_  
\_\_\_\_\_

**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

I/We make the foregoing application for credit in writing intending that Dicks and Company Ltd. should rely on it for the purpose of my/our obtaining merchandise from you on credit. I/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**

Sales Representative: \_\_\_\_\_ Account #: \_\_\_\_\_  
Account Approved by: \_\_\_\_\_ Account established by: \_\_\_\_\_  
Date: \_\_\_\_\_