

Please FAX to 902-567-0633:



APPLICATION FOR CREDIT

Legal Name of Business: []
Trading Names: []
Billing Address: []
City/State: [] ZIP: []
Business Phone: [] Fax: [] Email: []
Shipping Address (if different): []
City/State: [] ZIP: []
Name of Accounts Payable Contact: [] Amount Requested: \$ []

Trading Names: []
ADDITIONAL INFORMATION/OWNERS NAMES AND TITLE
Corporation [] Proprietorship [] Partnership []
How long in business? []
If new business, what was the starting capital? \$ [] Source: Personal [] Borrowed []
Name of Officer/Partner: [] Title: []
Name of Officer/Partner: [] Title: []
Name of person to contact for further credit information: []

BANK AND TRADE REFERENCES (PLEASE PROVIDE COMPLETE INFORMATION)
Name of Bank : [] Account Number: []
Address: [] City/State: [] ZIP: []
Account Officer: [] Phone: [] Fax: []

1. Name: [] Phone: []
Address: [] Fax: []
City/State/ZIP Code: [] Email: []
2. Name: [] Phone: []
Address: [] Fax: []
City/State/ZIP Code: [] Email: []
3. Name: [] Phone: []
Address: [] Fax: []
City/State/ZIP Code: [] Email: []

We authorize and hereby consent to the release of credit information from the above companies to ACCORD BUSINESS CREDIT INC, as the authorized credit management representative of DYNAGEN TECHNOLOGIES INC. This authorization will exclude any yearly or interim financial results, or any other information which we have identified as confidential and supplied for review only by Accord Business Credit Inc., DynaGen Technologies Inc. or their representatives.

Signature: _____ Dated: _____

Name and Title (Please Type or Print) : _____