

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: \$

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 RREFERENCES (PLEASE PROVIDE COMPLETE INFORMATION)

Name of Bank : Account Number:

Address: City/State: ZIP:

Account Officer: Phone: Fax:

Name: Phone:

1. Address: Fax:

City/State/ZIP Code: Email:

Name: Phone:

2. Address: Fax:

City/State/ZIP Code: Email:

Name: Phone:

3. Address: Fax:

City/State/ZIP Code: Email:

We authorize and hereby consent to the release of credit information from the above companies to ACCORD FINANCIAL LTD, 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 FINANCIAL LTD, DynaGen Technologies Inc. or their representatives.

Signature: _____ Dated: _____

Name and Title (Please Type or Print) :

PRINT & SIGN then FAX this application to 1-902-567-0633

Questions?
Call toll free 1-888-396-2436 or email
sales@dynagen.ca