

Credit Application

Business Name _____

Billing Address _____

City _____ State/Province _____ Zip/Postal Code _____

Phone _____ Fax _____

No. Of Employees _____ Date Established _____ Type Of Business _____

Accounts Payable Contact _____ Purchasing Agent _____

President _____ Phone _____

Type Of Company

Corporation Partnership Sole Ownership

Bank Reference

Bank Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Phone _____ Fax _____

Branch _____ Contact _____

Trade References

Name _____

Phone _____ Fax _____

City _____ State/Province _____ Zip/Postal Code _____ Acc. # _____

Name _____

Phone _____ Fax _____

City _____ State/Province _____ Zip/Postal Code _____ Acc. # _____

Name _____

Phone _____ Fax _____

City _____ State/Province _____ Zip/Postal Code _____ Acc. # _____

Terms & Conditions

Payment terms are – COD until credit established, Net 30 days, 2% per month on overdue accounts. All products remain property of Dundalk LeisureCraft Inc. until paid in full. All applicable taxes extra. 50% Deposit on Special Orders. Visa/MasterCard Accepted. Minimum Dollar Value on First Order \$1000.00

I hereby certify the all above statements are true and Terms and Conditions will be observed and met.

Signature _____ Title _____