



**4341 Rue Garand, St-Laurent, Qc, H4R 2B4**  
**Phone: 514-313-7786 Fax: 514-735-4438**  
**WWW.DCSBIZ.CA**

## Reseller Credit Application

### Business Information

Legal Name of Company: \_\_\_\_\_

Business Trade Name: \_\_\_\_\_

Billing / Mailing Address: \_\_\_\_\_

Shipping Address (if different from billing): \_\_\_\_\_

Suite / Unit: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Website Address: \_\_\_\_\_

PST No. / TVQ No.: \_\_\_\_\_ GST No.: \_\_\_\_\_

Time at Address: \_\_\_\_\_ Rent: \_\_\_\_\_ Own: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Corporation \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership

Annual Sales Volume: \$ \_\_\_\_\_ Estimated Monthly Purchases: \$ \_\_\_\_\_

Operated From: Comm.Bldg. \_\_\_\_\_ Home \_\_\_\_\_ Nature of Business: \_\_\_\_\_

### Contact Information

**A. Owner of Business:** \_\_\_\_\_

Phone # (if different from above): \_\_\_\_\_ Fax # (if different from above): \_\_\_\_\_

Email Address: \_\_\_\_\_

**B. Payable Contact:** \_\_\_\_\_

Phone # (if different from above): \_\_\_\_\_ Fax # (if different from above): \_\_\_\_\_

Email Address: \_\_\_\_\_ (this is where invoices will be emailed)

**C. Purchasing Contact:** \_\_\_\_\_

Phone # (if different from above): \_\_\_\_\_ Fax # (if different from above): \_\_\_\_\_

Email Address: \_\_\_\_\_



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**Terms Requested:** \_\_\_\_ **Net 30**    \_\_\_\_ **Wire Transfer / Pre-Pay**    \_\_\_\_ **Credit Card**  
 (please fill credit card authorization form)

### Bank Information

Name of Bank: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Account Officer: \_\_\_\_\_

Bank Phone #: \_\_\_\_\_ Bank Fax #: \_\_\_\_\_

Bank Branch #: \_\_\_\_\_

Account 1 #: \_\_\_\_\_ Account 2 #: \_\_\_\_\_

#### AUTHORIZATION

The undersigned authorizes release of all banking and credit information, both business and/or personal requested by Diversified Computer Supplies. This form may be reproduced or photocopied and a faxed copy shall be as effective consent as the original which I have signed.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE ATTACH RECENT FINANCIAL STATEMENTS IF REQUESTING MORE THAN \$20,000 IN CREDIT (AUDITED PREFERRED).

### Trade Information

**A. Company name:** \_\_\_\_\_

Address: \_\_\_\_\_ Suite / Unit #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Account #: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Terms: \_\_\_\_\_

**B. Company name:** \_\_\_\_\_

Address: \_\_\_\_\_ Suite / Unit #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Account #: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Terms: \_\_\_\_\_



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### Reseller Credit Application

This credit application and agreement is submitted by the undersigned (hereafter Customer) to Diversified Computer Supplies (hereafter DCS), to obtain trade credit. Customer agrees to make payment in full to DCS for all amounts due according to DCS's invoice(s). Customer also agrees to pay DCS as interest, an amount equal to 1.5% per month (18% per annum), or the maximum provided by law (whichever is less) for invoice amounts that are past due. In the event that any cheque is returned NSF or payment stopped, a service fee of \$40 will be charged to the account. Should the customer default in any such payment(s), DCS shall have the right, without notice to Customer, to declare all invoice amounts immediately due and payable. In the event DCS should commence any action or actions, or otherwise seek to enforce this agreement against Customer or any Guarantor, Customer agrees to pay reasonable attorney(s) fees, court and other expenses incurred by DCS, whether or not suit is filed. This agreement is not transferable or assignable without prior written consent of DCS. This agreement shall become effective upon acceptance by DCS. Customer agrees that all sales shall be governed by DCS's Standard Terms and Conditions of Sale, as stated on the invoice and shown in DCS's catalog, unless DCS and Customer have executed a separate agreement which specifically supersedes and replaces those terms and conditions.

In signing this document customer gives consent to continue receiving promotional faxes from DCS. In the event that customer does not want to receive promotional faxes from DCS please indicate that on this document before sending back to DCS.

Customer acknowledges receipt of and accepts all policies stated in DCS Terms and Conditions of Sale document. Customer and Customer's authorized representative signing this agreement hereby represent and warrant that the information provided in this application and in any and all additional documents, financial statements or other information furnished by Customer to DCS is true and correct in all material respects and contains all information necessary so that this application is not materially misleading. Customer acknowledges that DCS is relying on the accuracy of the information provided by Customer. Customer hereby grants DCS a security interest in any and all goods purchased by Customer from DCS to secure any and all obligations of Customer to DCS, including but not limited to any obligation of payment. Customer agrees to execute any additional documents necessary to perfect or continue any security interest related to this application. Customer agrees to adhere to the credit service policies and procedures established from time to time by DCS.

Dated at \_\_\_\_\_, as of this \_\_\_\_\_ day of, 20\_\_\_\_.

Signed by: \_\_\_\_\_ Name/Title: \_\_\_\_\_

Dated at \_\_\_\_\_, as of this \_\_\_\_\_ day of, 20\_\_\_\_.

Signed by: \_\_\_\_\_ Name/Title: \_\_\_\_\_



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## Reseller Credit Card Authorization Form

- **This form must be completed for credit card purchases / billing**
- **Clear & legible copies of both sides of your credit card and driver's license are required**
- **The applying card holder must be one of the company principals & listed on the re-seller credit application form**

I am the authorized signatory for the credit card(s) listed below and give Diversified Computer Supplies Inc. permission to charge this credit card for future credit card purchases placed on my DCS account either by phone, fax, email or on the DCS website.

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Primary Card:**

\_\_\_\_\_ **Visa or MC** \_\_\_\_\_

Credit Card # : \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Vcode: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address of Card: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel. # of Cardholder: \_\_\_\_\_ (where this person can be reached at all times)

**Secondary Card:**

\_\_\_\_\_ **Visa or MC** \_\_\_\_\_

Credit Card # : \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Vcode: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address of Card: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel. # of Cardholder: \_\_\_\_\_ (where this person can be reached at all times)