



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 DCS. 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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This credit application and agreement is submitted by the undersigned (hereafter Customer) to 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 DCS 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)