



CREDIT APPLICATION

APPLICANT COMPANY INFORMATION		
Company Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
President/CEO:	A/P Contact:	
Principal Owner Name (if not Pres/CEO):		
Principal Owner Home Address:		
Applicant Firm is: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Proprietorship		
Federal Tax ID # or Social Security # if a proprietorship:		
Corporation or LLC Formed:	State of Incorporation:	

BANK REFERENCE		
Bank:		
Address:		
City:	State:	Zip:
Phone:	Contact:	Account #:

CREDIT REFERENCES		
Company:	Account #:	
Address:		
City:	State:	Zip:
Phone:	Fax:	Contact:

Company:	Account #:	
Address:		
City:	State:	Zip:
Phone:	Fax:	Contact:

Company:	Account #:	
Address:		
City:	State:	Zip:
Phone:	Fax:	Contact:

GUARANTEE AND INDEMNITY - Please read carefully before completing and signing

The undersigned warrants that they are a legal representative of the Customer and have the authority to legally bind the Customer to this agreement. The undersigned has clearly read and understood the aforementioned D-Home International Standard Terms & Conditions and the credit terms for which the Supplier offers its services. In consideration of the Supplier extending credit to the Customer, and for other good and valuable consideration (the receipt and sufficiency of which is hereby acknowledged), the undersigned hereby guarantees payment to the Supplier of all amounts that may from time to time become owing by the Customer to the Supplier. The undersigned hereby acknowledges that his liability to the Supplier herein shall be as a principal obligant and not merely as guarantor, and nothing but the payment in full of any amounts owing by the Customer to the Supplier shall satisfy the undersigned's obligations herein. The undersigned hereby attorns to the courts of the Province of British Columbia, and agrees that this Guarantee and Indemnity shall be governed by the laws of such Province.

Signature of Customer Representative: _____ Position: _____

Name of Representative (Printed): _____ Date Signed: _____