



APPLICATION FORM

V.4.1

SEC. 1

DEALER INFORMATION *(Please Print or Type)*

Business Name: _____

Doing Business as (d/b/a): _____

Billing Address: _____

City, Prov., Postal Code: _____

Phone: _____ Fax: _____

Email address: _____ Date Opened/Acquired: _____

Website: _____

Shipping Location: _____

SEC. 2

CONTACTS

Buyer: _____ Accounts Payable: _____

Buyer Email: _____ A/P Email: _____

Corporation Partnership Sole Proprietorships Type of Business: Dive Shop _____%

Sporting Goods _____%

Year Established: _____ Number of Employees: _____ Other _____%

Size of Facility: _____(sq.ft.)

Number of Certified instructors: _____ Certification Agency: _____ Business Hours:

Do you offer the following services:

Air Fills YES NO

Nationally sanctioned instruction YES NO

Factory authorized equipment repair YES NO

Scuba rental YES NO

Advanced certification YES NO

Mon: _____

Tues: _____

Wed: _____

Thurs: _____

Fri: _____

Sat: _____

Sun: _____

SEC. 3

PRINCIPAL

Name: _____ (Other): _____

Home Address: _____ City, Prov., Postal Code: _____

Phone: _____ Email: _____

Signature of Applicant: _____ Date: _____

Finance Charge of 2% per month will be assessed on all past due invoices. In addition all accounts turned over to collections will be responsible for collection charges.



495 Conestoga Blvd.
Cambridge, ON N1R 7P4

TF. 1.800.650.0061
E. scuba@diversco.com

SEC. 4

TERMS REQUESTED (Please Select One)

- NET 30**
- CASH IN ADVANCE**
- CREDIT CARD**
- OTHER (EXPLAIN)**

Approximate amount of credit required per month: _____

Please complete the following Sections 5-8, if Diversco Credit terms are being requested.
If Credit Card only terms are being requested please proceed to Section 9, and bypass Sections 5-8.

SEC. 5

BANK REFERENCE

Name: _____ Checking Account No: _____
 Address: _____ City, Prov., Postal Code: _____
 Phone: _____ Fax: _____ Contact: _____

SEC. 6

INDIVIDUAL PERSONAL GUARANTEE (Please Print or Type)

Date _____

I, _____, residing at _____

(Complete Home Address & Phone Number)

for and in consideration of your extending credit at my request to _____

(Hereinafter referred to as the "Company"), of which I am _____ (Title)

hereby personally guarantee to you the payment at DIVERSCO SUPPLY INC of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay same. It is understood that this Guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature: _____ Date: _____

Witness: _____

FOR DIVERSCO OFFICE USE ONLY

Date Received: ___ / ___ / ___ Received by: _____ Date Forwarded to Rep: ___ / ___ / ___

FOR DIVERSCO REPRESENTATIVE USE ONLY

Date of contract: ___ / ___ / ___ By Telephone In Person

Rep No: _____

Rep Name: _____
(PLEASE PRINT)

Rep Signature: _____

- Dealer (1)
- Bronze (2)
- Silver (3)
- Gold (4)
- Sherwood Scuba
- Genesis Scuba
- AKONA
- Cylinders
- Lawrence Factor
- Rental Only



SEC. 7 CREDIT CHECK AUTHORIZATION

TO WHOM IT MAY CONCERN:

Applicant hereby authorizes DIVERSCO SUPPLY INC (hereinafter "Seller") to make whatever inquiries it considers necessary and appropriate concerning the information provided to Seller on Applicant's Commercial Credit Account Application.

Applicant further authorizes all of Applicant's banks, creditors and references to give Seller complete information regarding Applicant.

Applicant further authorizes Seller to give complete information regarding Seller's experience with Applicant's Charge Account, if it is approved, to credit reporting agencies.

_____	_____
Date	Name of Company
_____	_____
By (Signature)	Title

SEC. 8 TRADE REFERENCES

Name: _____ Account No: _____

Email: _____

Fax: _____ Contact: _____

Name: _____ Account No: _____

Email: _____

Fax: _____ Contact: _____

Name: _____ Account No: _____

Email: _____

Fax: _____ Contact: _____

Name: _____ Account No: _____

Email: _____

Fax: _____ Contact: _____



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SEC. 9

CREDIT CARD AUTHORIZATION

Company Name: _____

Diversco Customer Code: _____

**Please accept this as my authorization to Diversco Supply Inc,
495 Conestoga Blvd., Cambridge ON, N1R 7P4, CANADA, to debit my credit card.**

The credit card information is as follows:

Credit Card Number: _____

Expiration Date: _____ CV Code: _____

Name as Imprinted on Card: _____

Credit Card Billing Address: _____

Signature of Cardholder: _____ Date: _____

If you require an emailed copy of your receipt please put your email address below.

Email: _____

**Please take note that it is the customer’s responsibility to notify Diversco Supply Inc
of any changes to the above credit card information.**

SIGN UP BELOW. STAY IN THE KNOW.

**Welcome Aboard! Now that you’re part of the team, get insider access to diversco.com
dealer login. We also keep you up to date and send the latest news straight to your inbox.**

Diversco.com insider access to pricing, product registration, service history, schematics, etc.

Name (Primary Purchaser/Owner): _____

Email: _____

Preferred Password: _____

Additional Staff contact info for email News & Updates.

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____