



CREDIT APPLICATION

1100 Mountain View Ave Oxnard, CA 93030

(805) 247-1069

(805)247-0246 FAX

DATE:

BUSINESS INFORMATION			DESCRIPTION OF BUSINESS		
NAME OF BUSINESS			NO. OF EMPLOYEES	CREDIT REQUESTED	TYPE OF BUSINESS
LEGAL (IF DIFFERENT)			IN BUSINESS SINCE	<input type="checkbox"/> PURCHASE TAXABLE IF NO, RESALE NUMBER:	
ADDRESS			BUSINESS STRUCTURE		<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP
			<input type="checkbox"/> PROPRIETOR SHIP		<input type="checkbox"/> DIVISION SUBSIDIARY
CITY			NAME OF PARENT COMPANY		
STATE	ZIP	PHONE	HOW LONG IN BUSINESS	Dunn's Number. (Required)	

COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS			
OWNER \ PRESIDENT	NAME:	EMAIL:	PHONE:
PROJECT MANAGER	NAME:	EMAIL:	PHONE:
ACCOUNTING CONTACT \ AP	NAME:	EMAIL:	PHONE:

BANK REFERENCES	
NAME OF BANK	NAME TO CONTACT
BRANCH	ADDRESS
CHECKING ACCOUNT NO.	TELEPHONE NUMBER

TRADE REFERENCES		
FIRM NAME	FIRM NAME	FIRM NAME
CONTACT NAME	CONTACT NAME	CONTACT NAME
ACCOUNT OPEN SINCE	ACCOUNT OPEN SINCE	ACCOUNT OPEN SINCE
TELEPHONE #	TELEPHONE #	TELEPHONE #
FAX #	FAX #	FAX #

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY		
<p>I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by Diversified Minerals Inc. in determining the amount and conditions of credit to be extended. I understand that Diversified Minerals Inc. may also utilize the other sources of credit which it considers necessary in making this determination. Further, I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist Diversified Minerals Inc. in establishing a line of credit.</p>		
_____	_____	_____
SIGNATURE	TITLE	DATE

POLICY STATEMENT: INITIAL ORDER FROM NEW ACCOUNTS WILL NOT BE PROCESSED UNLESS ACCOMPANIED BY THE ABOVE REQUESTED INFORMATION.
TERMS: NET 30 DAYS FROM DATE OF INVOICE UNLESS OTHERWISE STATED.