## **CREDIT REGISTRATION FORM**



## **DEUS INFINITUM LIMITED**

Date:\_\_\_\_\_

E-commerce,Business Consultancy, General Supplies & Merchant, Import & Export Tel: 0302 422 666 / 0302 437 082/Fax: 0302437082 Mobile: 0559722669 Toll-Free: 0800666000 Email:info@deus.com.gh / www.deus.com.gh

Registration No.: Years in Business:	BUSINESS INFORMATION			DESCRIPTION OF BUSINESS				
Street Address:  City: Region: PARTINERSHIP OTHERS (Please specify): PROPRIETORSHIP DIMENSITY COMPANY DIMENSITY COMPANY DIMENSITY COMPANY DIMENSITY COMPANY DIMENSITY COMPANY DIMENSITY COMPANY DEMONSTRATIONS  BANK REFERENCES  BANK REFERENCES  Firm Name Contact Name Telephone Number:  TRADE REFERENCES  Firm Name Contact Name Telephone Number Fax Number Email  CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY  I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by Deus Infinitum Limited in determining the amount and conditions of credit to be extended. I understand that Deus Infinitum Limited may also utilize other sources of credit which it considers necessary in making this determination. Further I hereby authorize the Bank and trade references listed in credit application to release the information necessary to assist Deus Infinitum Limited in establishing a line of credit.	Name of Business:			Registration No.:		Years in Business:		
City: Region: PARTNERSHIP OTHERS (Please specify): PARTNERSHIP DIMEDIAL CONTROLL CON	Legal (if different):			Owner TIN or Company TIN:				
Phone: Fax: PROPRIETORSHIP   LIMITED LABILITY COMPANY   LIMITED LABILITY CO	Street Address:			CORPORATION GOVERNMENT AGENCY:				
Email:  NOTE: THIS CREDIT APPLICATION WILL NOT BE PROCESSED UNLESS ALL REQUESTED INFORMATION IS COMPLETED  COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS  Name Title Email Address Phone  BANK REFERENCES  Name of Bank: Contact:  Branch: Address:  Telephone Number: Telephone Number:  TRADE REFERENCES  Firm Name Contact Name Telephone Number Fax Number Email  CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY  I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by Deus Infinitum Limited in determining the amount and conditions of credit which it considers necessary in making this determination. Further I hereby authorize the Bank and trade references listed in credit application to release the information necessary to assist Deus Infinitum Limited in establishing a line of credit.	City:	Region:		PARTNERSHIP	OTHERS (Please specify):			
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ALLOW 10-15 BUSINESS DAYS FOR CREDIT APPLICATION PROCESSING Please complete all information requested. Incomplete applications will not be processed.

