

# CREDIT REGISTRATION FORM



## DEUS INFINITUM LIMITED

E-commerce, Business Consultancy, General Supplies & Merchant, Import & Export  
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 Email: info@deus.com.gh / www.deus.com.gh

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

BUSINESS INFORMATION	
Name of Business:	
Legal (if different):	
Street Address:	
City:	Region:
Phone:	Fax:
Email:	

DESCRIPTION OF BUSINESS	
Registration No.:	Years in Business:
Owner TIN or Company TIN:	
CORPORATION <input type="checkbox"/>	GOVERNMENT AGENCY: <input type="checkbox"/>
PARTNERSHIP <input type="checkbox"/>	OTHERS (Please specify):
PROPRIETORSHIP <input type="checkbox"/>	.....
LIMITED LIABILITY COMPANY <input type="checkbox"/>	

**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:
Account Number:	Telephone Number:

TRADE REFERENCES				
Firm Name	Contact Name	Telephone Number	Fax Number	Email

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 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.</p>		
Signature:	Title:	Date:

ALLOW 10-15 BUSINESS DAYS FOR CREDIT APPLICATION PROCESSING

Please complete all information requested. Incomplete applications will not be processed.

