

COMMERCIAL CREDIT APPLICATION AND AGREEMENT

* Individual Corporation Sole Proprietor Partnership Other _____

Registered Corporate Name: _____ Date Business Commenced: _____

* Individual's Name: _____

Trade Style Name: (if applicable) _____

Mailing Address: _____ City: _____

Province: _____ Postal Code: _____

Ship to address: _____

Telephone #: _____ Fax #: _____

Type of business: _____ Est. annual purchases: _____

NAMES OF ALL OFFICERS, PARTNERS, OR PROPRIETOR: (Attach list if more than three)

Name: _____ Title: _____

Home Address: _____ Home Phone: _____

Date of Birth: (mm/dd/yyyy): _____ Social Insurance Number: _____

Name: _____ Title: _____

Home Address: _____ Home Phone: _____

Date of Birth: (mm/dd/yyyy): _____ Social Insurance Number: _____

Name: _____ Title: _____

Home Address: _____ Home Phone: _____

Date of Birth: (mm/dd/yyyy): _____ Social Insurance Number: _____

THE BUSINESS AS IDENTIFIED BY THE LEGAL NAME AND TRADE NAME ABOVE AND THE PRINCIPALS OR OWNERS SHALL BE COLLECTIVELY REFERRED TO IN THIS APPLICATION AND AGREEMENT AS THE CUSTOMERS AND SHALL BE JOINTLY AND SEVERALLY LIABLE FOR THE PERFORMANCE OF THE TERMS HEREOF.

Are any owners/officers under bankruptcy proceedings, now or in the past 7 years? If so provide details:

Accounts Payable contact: _____ Sales Contact: _____

G.S.T. Registration #: _____ P.S.T./HST/QST #: (Incl. Exempt form) _____

Bank Reference: _____

Address: _____ Contact: _____

Telephone #: _____ Account #: _____

TRADE REFERENCES: (Preferably Key suppliers)

Name: _____ Phone/Fax #'s: _____

Name: _____ Phone/Fax #'s: _____

Name: _____ Phone/Fax #'s: _____

Will financials be available with a confidentiality agreement? _____

TERMS AND CONDITIONS:

Terms of sale call for payment in full of all accounts thirty (30) days from date of invoice unless otherwise specified, in writing, by the Seller. Default of payment will result in a 2.0% monthly interest charge (24% per annum) on all past due amounts compounded monthly.

Customer does hereby authorize the Seller to conduct all credit investigations necessary for approval of this application.

All claims against invoices must be made within 10 days after delivery of goods to you or delivery at the jobsite. Materials will not be accepted for returns unless authorized by the Seller.

You agree to inform the Seller of changes in your ownership, location of merchandise purchased, changes in bank information, or your mailing address, all within 10 days of such change.

The customers jointly and severally indemnify the Seller for the repayment of accounts arising as a consequence of goods ordered from the Seller by or on behalf of any of the customers. The customers shall pay all costs associated with the enforcement of this agreement including all legal costs on a solicitor and his own client basis.

AGREEMENT: In consideration of selling products and services, the purchaser hereby grants as security for credit terms, a Purchase Money Security Interest in all related products and services sold to the Purchaser and Security Interest in the balance of all the personal property which is in, or will be in the possession of the Purchaser and its agent. The Seller shall have all remedies available under all PPSA or other similar securities acts which includes the right to enforce remedies in accordance with applicable law as a secured party. In the event of an N.S.F. cheque, a \$25.00 fee will be charged. The Purchaser acknowledges to have kept a copy of this signed Credit Application and Agreement.

PRIVACY POLICY AND CONSENT: I acknowledge that the Seller may have collected personal information from me, as defined by the Personal Information Protection and Electronics Documents Act or other provincial legislation. I also acknowledge that the Seller's Privacy Policy and is available upon request. I consent to the use of this information for the purposes described in the Seller's Privacy Policy.

DATED AT _____ this _____ day of _____, 20____.
(City or town)

(Legal name of business)

Title or Position _____ PER: _____
(Signature – Must be officer of company)

Print Name: _____

**** MUST BE SIGNED BY AN OFFICER OF THE COMPANY, IF A CORPORATION ****