

APPLICANT INFORMATION

| | |
|---------------------------|--------------------------|
| Business Name: | Owner/President: |
| Billing Address : | City: |
| Province: | Postal Code: |
| A/P Contact: | |
| Telephone #: | |
| Fax #: | |
| E-Mail: | |
| Years in Business: | Annual Sales: |
| HST ID#: | # of Employees: |
| Company Structure: | Credit Requested: |

BANKING INFORMATION

| | |
|------------------------|---------------------|
| Bank Name: | City: |
| Street Address: | Postal Code: |
| Province: | Fax: |
| Telephone #: | Account #: |
| Contact Name: | |

TRADE REFERENCES

| | |
|-------------------------|----------------------|
| Name of Company: | Contact Name: |
| Address: | Fax #: |
| Phone #: | Website: |
| E-Mail: | |
| Name of Company: | Contact Name: |
| Address: | Fax #: |
| Phone #: | Website: |
| E-Mail: | |
| Name of Company: | Contact Name: |
| Address: | Fax #: |
| Phone #: | Website: |
| E-Mail: | |

The customer acknowledges that Colbeck & Clarke Inc. will obtain credit information about the customer from the customer's bank, the trade references set out above, any credit bureaus or any other person we deem necessary to do a proper credit investigation. The customer by his or her signature hereunder authorizes us to seek, obtain and use any and all such information and hereby authorizes release of such information as requested to complete its credit investigation. The customer also authorizes Colbeck & Clarke to provide credit references regarding the customer to others upon request.

Credit terms are NET 30 days from the date of invoicing, unless otherwise agreed. Interest will be charged at a rate of 1.5% per month on outstanding amounts over 30 days. If my account is referred to collection, I agree to pay all billing and collection costs and a reasonable attorney's fee. All the above is true and the terms are accepted.

| | |
|--|----------------------|
| _____ | _____ |
| authorized signature | title (please print) |
| **Credit Application must be signed by an officer of the company in order to be valid** | |
| _____ | _____ |
| name (please print) | date |

Please forward the complete application to:
Colbeck & Clarke Inc.
2-2425 Skymark Avenue Fax: 905-206-9555
Mississauga, ON, L4W 4Y6 E-Mail: accounting@colbeck-clarke.com

For Office Use Only:

Application Approved : _____ Date: _____

Credit Officer Signature: _____