



CREDIT APPLICATION

PLEASE FILL IN THIS FORM COMPLETELY

COMPANY NAME: _____

STREET ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

TELEPHONE #: _____ FAX #: _____

TYPE OF BUSINESS: _____ # OF YEARS: _____

P.S.T. EXEMPTION #: _____ (Please fill out exemption certificate and return with this application)
 (If Applicable)

NAME OF OWNER(S) AND OFFICER(S):

POSITION:

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

BANK: _____ ADDRESS: _____

TRADE REFERENCES:

- | | |
|----------------|---------------------------|
| 1. Name: _____ | Street Address: _____ |
| City: _____ | Tel #: _____ Fax #: _____ |
| 2. Name: _____ | Street Address: _____ |
| City: _____ | Tel #: _____ Fax #: _____ |
| 3. Name: _____ | Street Address: _____ |
| City: _____ | Tel #: _____ Fax #: _____ |

BY SIGNING THIS APPLICATION THE UNDERSIGNED HEREBY:

- a Authorizes the bank and trade creditors of this business to release Plascad Mfg. Inc. any information requested to assist in establishing a line of credit for the business;
- b Certifies that all information given on this application is correct;
- c Acknowledges and agrees that payments on all accounts are due and payable no later than 30 days after receipt of order (unless previous authorized arrangements are made before placement of order). An interest charge of 2% per month (24% per annum) will be applied on any unpaid or outstanding balances. Should litigation or collection action be necessary due to default of payment, all legal fees, court expenses, and interest charges will be paid by the applicant.
- d Agrees to notify Plascad Mfg. Inc. within five days of receipt of shipment of any defective or short-shipment of product. Any problems reported after five days shall not, under any condition, be reason for withholding payment.

DATE: _____ CREDIT AMT. REQUESTED: _____

SIGNATURE OF AUTHORIZED AGENT: _____

PRINT NAME: _____