



RED-L DISTRIBUTORS LTD.

CONFIDENTIAL CREDIT APPLICATION. COMPLETE AND FAX TO (780) 436-6510

DATE: _____ PHONE: _____ FAX: _____

PREFERRED BILLING: (check one) POSTAL SERVICE FAX E-MAIL

COMPANY NAME: _____ E-MAIL ADDRESS: _____

MAILING ADDRESS: _____ CITY/TOWN: _____

PROV/STATE: _____ POSTAL/ZIP: _____

SHIPPING ADDRESS: _____ CITY/TOWN: _____

PROV/STATE: _____ POSTAL/ZIP: _____

LEGAL BUSINESS NAME (IF DIFFERENT THAN ABOVE): _____

PROPRIETORSHIP: PARTNERSHIP: LIMITED: CORPORATION: SUBSIDIARY:

IF SUBSIDIARY, NAME OF PARENT COMPANY: _____

NATURE OF BUSINESS: _____ YEARS IN BUSINESS: _____ GST #: _____

NAME(S) OF OWNER(S)/DIRECTOR(S): _____

BUSINESS PROPERTY: OWNED: RENTED:

IF RENTED, INDICATE NAME OF LANDLORD: _____

BANKING INFORMATION:

BANK NAME: _____ CONTACT: _____

ADDRESS: _____ PHONE: _____ FAX: _____

CITY: _____ TRANSIT #: _____ ACCT #: _____

TRADE REFERENCES: (PLEASE PROVIDE FAX NUMBERS ONLY)

1 COMPANY NAME: _____ FAX #:()

CITY/TOWN: _____

2 COMPANY NAME: _____ FAX #:()

CITY/TOWN: _____

3 COMPANY NAME: _____ FAX #:()

CITY/TOWN: _____

CREDIT LIMIT REQUESTED: _____ PURCHASE ORDER # REQUIRED? YES NO

AUTHORIZED PURCHASING AGENT(S): _____

I/WE UNDERSTAND THAT THE CREDIT TERMS ARE NET 30 DAYS FROM THE DATE ON THE INVOICE AND DO HEREBY AGREE TO PAY 2% INTEREST PER MONTH (OR 24.0% PER ANNUM NORMAL RATE COMPOUNDED MONTHLY) ON OVERDUE ACCOUNTS. THE CUSTOMER IS RESPONSIBLE FOR ALL LITIGATION FEES ON OVERDUE ACCOUNTS. I/WE ALSO AGREE TO PERMIT RED-L DISTRIBUTORS LTD. TO MAKE WHATEVER CREDIT INQUIRIES IT OR ITS AGENTS DEEM NECESSARY FOR THE ESTABLISHMENT OF THIS ACCOUNT.

AUTHORIZED SIGNATURE: _____ TITLE: _____

PRINTED NAME OF SIGNATORY: _____

RED-L DISTRIBUTORS LTD. OFFICE USE ONLY

ACCOUNT #: _____ APPROVED CREDIT LIMIT: _____

SALES REP: _____ APPROVED BY: _____