



49 Omands Creek Blvd Winnipeg, MB R2R 2V2 Ph (204) 985-5400 Fax (204) 697-1303

Application for Credit

The undersigned hereby requests that an account be opened and credit be extended according to the terms outlined below and the undersigned hereby authorizes you to make any credit inquiries that you consider necessary and that the information is correct.

Trade Name (operating name)	Full Registered Name
Address	City Province Postal Code
Telephone Number Fax Number	P.S.T. #

Type of Ownership: Corporation Partnership Individual How Long in Business: Years

Name of parent company if a subsidiary

Principal Owners or Officers	Title	Home address and phone number

Name of Bank	Branch	Telephone
Bank Address	Bank Official	Account Number

Trade References (Firms currently extending credit)

Company Name	Phone Number	Fax Number	Contact Name

Terms requested : Net Days Terms approved : Days

A service charge of 2% per month, compounded, applies to any outstanding balance overdue. The undersigned understands the above terms and agrees to meet these terms if credit is extended. All N.S.F. cheques will be subject to a \$30.00 handling charge.

Date Authorized Signature