



DATE: _____

SALES REP NAME: _____

SALES REP CODE: _____

CONFIDENTIAL CREDIT APPLICATION

PARENT COMPANY: _____ (IF BELOW IS A SUBSIDIARY)

LEGAL COMPANY NAME: _____

STREET ADDRESS: _____ PHONE NUMBER: () _____

CITY: _____ FAX NUMBER: () _____

PROVINCE: _____ POSTAL CODE: _____

E-MAIL ADDRESS: _____

COMPANY IS: () PROPRIETORSHIP () LIMITED OR () SUBSIDIARY

TYPE OF BUSINESS: _____ YEAR STARTED: _____

GST #: _____

AMOUNT OF CREDIT REQUESTED: \$ _____ PER MONTH

COMPANY BANK: _____ PHONE NUMBER: () _____

BRANCH ADDRESS: _____ FAX NUMBER: () _____

1. REFERENCE NAME: _____ PHONE NUMBER: () _____

ADDRESS: _____ FAX NUMBER: () _____

2. REFERENCE NAME: _____ PHONE NUMBER: () _____

ADDRESS: _____ FAX NUMBER: () _____

3. REFERENCE NAME: _____ PHONE NUMBER: () _____

ADDRESS: _____ FAX NUMBER: () _____

PRINCIPAL OWNER: _____ HOME NUMBER: () _____

HOME ADDRESS: _____ POSTAL CODE: _____

TERMS ARE NET 30 DAYS FROM THE DATE OF THE INVOICE. SERVICE CHARGE OF 2% PER MONTH (26.8%) PER ANNUM) WILL BE APPLIED ON ALL OUTSTANDING AMOUNTS AFTER THIS PERIOD. THE CUSTOMER AUTHORIZES S-TEAM DISTRIBUTING INC. OR IT'S AGENTS TO OBTAIN SUCH INFORMATION AS IT DEEMS NECESSARY TO GRANT CREDIT AND FURTHER AUTHORIZES S-TEAM DISTRIBUTING INC. TO DIVULGE IT'S CREDIT RATING IF SUCH INFORMATION IS REQUESTED.

IN SIGNING THIS APPLICATION, THE CUSTOMER ACKNOWLEDGES THAT THEY HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS HEREIN SET FORTH.

NAME OF APPLICANT: _____ TITLE: _____

SIGNATURE: _____