

CONFIDENTIAL APPLICATION FOR CREDIT

LEGAL COMPANY NAME (IN FULL) _____

ADDRESS _____

CITY/TOWN _____ PROVINCE _____

POSTAL CODE _____ TEL. # _____ Fax.# _____

Web Site _____ E-MAIL _____

CREDIT REQUIREMENT _____ DUNS® # _____

COMPANY OWNERSHIP: a) SOLE PROPRIETORSHIP _____ b) PARTNERSHIP _____ c) CORPORATION _____

TYPE OF BUSINESS _____ HOW LONG IN BUSINESS _____

TOTAL NUMBER OF EMPLOYEES _____ P.S.T.# _____

INFORMATION CONCERNING THE PRINCIPAL OWNERS, PARTNERS, OFFICERS:

FULL LEGAL NAME	TITLE/POSITION	FULL STREET ADDRESS:

BANK NAME _____

BANK ADDRESS (IN FULL) _____ TEL #: _____

CONTACT PERSON'S NAME: _____

LIST **THREE** FIRMS WE CAN CONTACT FOR CREDIT REFERENCES:

COMPANY NAME	FAX #	TELEPHONE #
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The undersigned certifies that the above information is complete and correct and on behalf of the company:

- consents to CCI obtaining credit information about the company, and where necessary, its principals and for that purpose consents to any credit reporting agency/financial institution releasing information to CCI;
- agrees that if accepted as a credit account it will be bound by CCI's terms and conditions of sale as they may be from time to time, a copy of the current terms appearing on the reverse of this application.

I have authority to bind the company. (please print) NAME: _____

SIGNATURE _____ TITLE/POSITION _____ DATE _____