

Erikson COMMERCIAL

Credit Application

1. General Information

Legal name of firm: _____ Trade name (if any): _____

Principal activity: _____

Sales representative for your territory _____

Head office address: Street: _____ City: _____ Prov: _____

Postal Code: _____ Tel: (____) _____ Fax: (____) _____

Email Address: _____ At present location since (M/D/Y): ____/____/____

Ship to Address (disregard if same as above): Street: _____ City: _____

Prov: _____ Postal Code: _____ Tel: (____) _____ Fax: (____) _____

Is business incorporated: Yes No If yes, date incorporated (M/D/Y): ____/____/____

Do you own or lease your principal place of business? _____

Name(s) of principal(s) and/or owner(s): _____

Manager: _____ Accounting contact: _____

Sales tax #: G.S.T. _____ T.V.Q. (Quebec) _____ P.S.T. Exempt #: _____

2. For Proprietorship Only

Home address: Street: _____ City: _____ Prov: _____

Postal Code: _____ Tel: (____) _____

Social insurance # _____ Number of years in business: _____

3. Bank Information

Bank name: _____ Street: _____ City: _____

Prov: _____ Postal Code: _____ Tel: (____) _____

Fax #: (____) _____ Account #: _____ Contact: _____

4. Financial Information

Have you ever declared bankruptcy or been a party to any bankruptcy proceedings?

Yes If yes, please attach explanation No

Is a copy of your latest financial statement available for review? If no, please explain

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5. Credit Requirements

What do you approximate your annual purchases from us to be: _____

First order(s) are either certified cheque or C.O.D until credit is established.

Please list authorized buyers:

1. _____ 2. _____

Do you require P.O.s for your orders? Yes No

6. Trade References

Give only those principal suppliers from who you have an OPEN account with:

1. Name: _____

City: _____

Tel: (____) _____

Fax: (____) _____

2. Name: _____

City: _____

Tel: (____) _____

Fax: (____) _____

3. Name: _____

City: _____

Tel: (____) _____

Fax: (____) _____

4. Name: _____

City: _____

Tel: (____) _____

Fax: (____) _____

The undersigned hereby certifies that the above information is correct and that his/her bank can reveal all necessary information to the Jam Industries banking representative. The undersigned expressly agrees that, in the event of any action or proceeding that shall be brought for the recovery of amounts due for merchandise obtained from Erikson Commercial, the undersigned shall pay Erikson Commercial or its assigns all costs of collection including but not limited to an attorney's fee plus interest at the rate of 2% per month, which is an annual percentage of 24%.

Date: _____ Signature of Owner _____

SEND ATT: Credit Department
Erikson Commercial
a division of JAM Industries Ltd.
21000 TransCanada Highway
Baie D'Urfe, Quebec H9X 4B7
or Fax: 888.918.2244 / 514.457.0055