

CREDIT APPLICATION

5723-156 $^{\text{TH}}$ STREET, SURREY, BC CANADA V3S 3V6 T 604.644.5523 F 604.574.2113 EMAIL SALES@BOX-BUDDY.CA

| Company name: | | | | |
|--|----------------|--------------|--------------|--|
| Phone: | Fax: | E-mail: | | |
| Registered company address: | | | | |
| City: | | Province: | Postal Code: | |
| Date business commenced: | | | | |
| Sole proprietorship: | Partnership: | Corporation: | Other: | |
| BUSINESS AND CREDIT INFORMATION | | | | |
| Primary business address: | | | | |
| City: | | Province: | Postal Code: | |
| How long at current address? | | | | |
| Telephone: | Fax: | E-mail: | | |
| Bank name: | | | | |
| Bank address: | | Phone: | | |
| City: | | Province: | Postal Code: | |
| Type of account | Account number | | | |
| Savings | | | | |
| Checking | | | | |
| Other | | | | |
| BUSINESS/TRADE REFERENCES | | | | |
| Company name: | | | | |
| Address: | | | | |
| City: | | Province: | Postal Code: | |
| Phone: | Fax: | E-mail: | | |
| Type of account: | | | | |
| Company name: | | | | |
| Address: | | | | |
| City: | | Province: | Postal Code: | |
| Phone: | Fax: | E-mail: | | |
| Type of account: | | | | |
| Company name: | | | | |
| Address: | | | | |
| City: | | Province: | Postal Code: | |
| Phone: | Fax: | E-mail: | | |
| Type of account: | | | | |
| AGREEMENT | | | | |
| 1. All invoices are to be paid 30 days from the date of the invoice. | | | | |

SIGNATURES

2. Claims arising from invoices must be made within MERIN SERVICES LTD to make inquiries into the banking

| Title: | Title: |
|--------|--------|
| Date: | Date |

and business/trade references that you have supplied.