



APPLICATION FOR CREDIT

* REQUIRED INFORMATION



THE FASTENER GROUP

APPLICATION FOR CREDIT: CONFIDENTIAL

GENERAL INFORMATION: For the purpose of obtaining merchandise on credit, the following statement in writing is made by the applicant. All information supplied is true and correct. Application authorizes our Company to contact all references given and to inquire as to applicant's credit history. Upon the approval of this application, applicant agrees to abide by the terms and conditions of sale as outlined on our invoices. Applicant further agrees to notify us in writing within five days of any change of ownership, address, telephone or authorized purchasing agent(s).

*For What City:

- Calgary, Alberta Fax: 403-287-5381
- Edmonton, Alberta Fax: 780-484-1392
- Lethbridge, Alberta Fax: 403-380-3513
- Red Deer, Alberta Fax: 403-347-9615
- Burnaby, British Columbia Fax: 778-330-2600
- Kelowna, British Columbia Fax: 250-868-9223
- Vernon, British Columbia Fax: 250-542-1844
- Winnipeg, Manitoba Fax: 204-697-1800
- Thunder Bay, Ontario Fax: 807-345-8911
- Regina, Saskatchewan Fax: 306-721-6011
- Saskatoon, Saskatchewan Fax: 306-668-8885

*Legal Name of Firm: _____

*Name of Parent Company (If Subsidiary): _____

Affiliated with _____ e-Mail: _____

* Address: _____ Phone: _____

*City: _____ Province: _____ Code: _____ Fax: _____

*GST/PST #'s: _____ *Accounts Payable Contact: _____

*Principals/Owners Name(s): _____ *Years in Business: _____

Corporation Sole Proprietorship Other: _____

*Nature of Business: _____

Bank: _____ Address: _____

City: _____ Province: _____ Code: _____ Phone: _____

TRADE REFERENCES: Give only those principle suppliers from whom you buy on open account.

*Name: _____ *Phone: _____ *Fax: _____

*Address: _____ *City: _____ *Province: _____ *Code: _____

*Name: _____ *Phone: _____ *Fax: _____

*Address: _____ *City: _____ *Province: _____ *Code: _____

*Name: _____ *Phone: _____ *Fax: _____

*Address: _____ *City: _____ *Province: _____ *Code: _____

*CREDIT REQUIREMENTS

State your approximate monthly credit requirements from us: \$ _____

Please list all authorized purchasing agents and if you require PO #'s: _____

1. _____ 2. _____

3. _____ 4. _____

*The undersigned agrees to the following terms and to pay service charges on overdue accounts.

TERMS: Net 30 days from date of invoice. INTEREST: 2% per month on outstanding balances (24% per year)

DATE: _____ YEAR: _____ COMPANY: _____

Print Name of Owner, _____

Officer or Agent: _____ Signature: _____ Title: _____