



NEW CUSTOMER CREDIT APPLICATION

| BUSINESS INFORMATION | | | |
|---|-------------|-------------------------------|---------------|
| BUSINESS NAME: | | | |
| ADDRESS: | | | |
| CITY/TOWN: | | | |
| PROVINCE: | | POSTAL CODE: | |
| TELEPHONE: | | FAX: | |
| BUSINESS TYPE: | LIMITED CO. | PARTNERSHIP | PROPIETORSHIP |
| REGISTERED LEGAL NAME: | | | |
| GST NUMBER: | | | |
| NATURE OF BUSINESS: | | | |
| HOW LONG IN BUSINESS: | | HOW LONG IN PRESENT LOCATION: | |
| EXPECTED MONTHLY PURCHASES: | | | |
| BANK REFERENCES | | | |
| NAME: | | | |
| ADDRESS: | | | |
| TELEPHONE: | | ACCOUNT #: | |
| CONTACT: | | | |
| OTHER BANKS: | | | |
| PRINCIPALS | | | |
| NAME: | TITLE: | | TEL: |
| NAME: | TITLE: | | TEL: |
| TRADE REFERENCES | | | |
| 1. | TEL: | | FAX: |
| 2. | TEL: | | FAX: |
| 3. | TEL: | | FAX: |
| 4. | TEL: | | FAX: |
| SIGNATURE | | | |
| CREDIT TERMS: NET 21 DAYS FROM DATE OF INVOICE | | | |
| We hereby apply for credit with Summit Specialty Foods Ltd. and affirm financial responsibility, ability and willingness to pay invoices in full within 21 days. We agree to pay a service on any amounts past due calculated at 2%. The above information is warranted to be true & complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay all costs of collection & litigation on this account in accordance with the laws of the province of British Columbia. We agree that all decisions with respect to the extensions or continuation of credit shall be in the sole discretion of Summit Specialty Foods Ltd. | | | |
| NAME/TITLE: | | | |
| SIGNED: | | DATE: | |