



TallGrass Distribution Ltd. Customer Credit Application

BUSINESS NAME: _____

ADDRESS: _____

POSTAL CODE: _____ PHONE: _____ FAX: _____

BUSINESS: LIMITED COMPANY: _____ PARTNERSHIP _____ PROPRIETORSHIP _____

REGISTERED LEGAL NAME: _____

BUSINESS NUMBER: _____

NATURE OF BUSINESS: _____

RELATED COMPANIES: _____

HOW LONG IN BUSINESS: _____ HOW LONG AT PRESENT LOCATION _____

EXPECTED MONTHLY PURCHASES: _____

BANK REFERENCE

NAME: _____ TELEPHONE: _____ ADDRESS: _____

ACCOUNT #: _____ CONTACT: _____ OTHER BANKS: _____

PRINCIPALS

NAME: _____ TITLE: _____ HOME PHONE: _____

NAME: _____ TITLE: _____ HOME PHONE: _____

REFERENCES

1 _____ PHONE: _____ FAX: _____

2 _____ PHONE: _____ FAX: _____

3 _____ PHONE: _____ FAX: _____

4 _____ PHONE: _____ FAX: _____

CREDIT TERMS: NET 30 FROM DATE OF INVOICE

I/we hereby request to establish credit privileges with TallGrass Distribution Ltd and agree to pay for all purchase in accordance with the above terms of sale. I/we further agree to pay a service on any amounts past due calculated at 2% per month (26.8% per annum).

I/we certify the above information to be correct. Further, I/we authorize TallGrass Distribution Ltd to obtain credit reports or other information as deemed necessary on the credit account or for any other business reason.

NAME/TITLE: _____ SIGNED: _____ DATE: _____

Please return to: TallGrass Distribution, 40 East 5th Ave, Vancouver, BC V5T 1G8 or Fax to: 604-709-0179