



CELL-A-NET Inc.

6790 Kitimat Road, Unit 6, Mississauga ON, L5N 5L9 -(905) 826-6852 - FAX (905) 826-6542

Credit Application

Date: _____

Company Name: _____
Address: _____

Phone: _____

Fax: _____

PST #: _____

GST #: _____

Operating Name(s): _____

D&B #: _____

Web Address: _____

E-mail: _____

Principals

Name: _____

Title: _____

Address: _____

Phone #: _____

E-mail: _____

Name: _____

Title: _____

Address: _____

Phone #: _____

E-mail: _____

Authorized Purchasers

Are purchase orders required by your company YES [], NO []

Name: _____

Title: _____

Name: _____

Title: _____

Bank Reference

Bank: _____ Since: _____

Contact: _____

Account #: _____

Phone #: _____

Address: _____

FAX #: _____

E-mail: _____

Trade References

Name: _____

Contact: _____

Address: _____

Phone #: _____

FAX #: _____

E-mail: _____

Name: _____

Contact: _____

Address: _____

Phone #: _____

FAX #: _____

E-mail: _____

CREDIT TERMS and CONDITIONS

Amount of credit required \$ _____ per month. PAYMENT TERMS 30 DAYS NET.

I/we the undersigned, are duly authorized to act on behalf of the above named company. I/we certify that the above information is complete and accurate to the best of our knowledge. I/we hereby grant consent to CELL-A-NET Inc. to make inquiries with regards to credit/financial information for the purposes of evaluating the credit application.

Past due accounts are charged interest at 1.5% per month, 18% yearly. N.S.F. cheque charges are \$25.00. Credit account may be terminated at CELL-A-NET Inc. 's sole discretion in the event of NSF cheques or past due balances. Balance shall be due in full upon termination of credit account. Title does not pass until goods are paid in full.

All and any additional costs incurred in collecting past due accounts is payable by the applicant.

I/we agree to keep the account within the above prescribed credit terms.

Signature _____

Name _____

Title _____