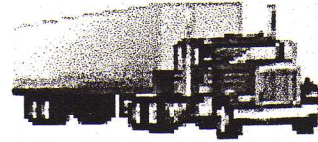


Arenburg's Transport

PO Box 116
Bridgewater NS
B4V 2W8



Credit Application Request Form

Applicant's Name: _____

Address: _____

Phone: _____ Fax: _____

Form of business

1) Limited Company: Yes ___ No ___

Date Incorporated: _____

President: _____

2) Partnership: _____

Sole Partnership: _____

Type of business: _____

Credit Requested: _____

(Credit Application cannot be processed unless this area is completed)

Credit References:

1) Company: _____
Address: _____
Phone: _____ Fax: _____

2) Company: _____
Address: _____
Phone: _____ Fax: _____

3) Company: _____
Address: _____
Phone: _____ Fax: _____

Bank: _____

Branch: _____

Phone: _____

HST Number: _____

- 1) Net payment due thirty (30) days from Invoice date.
- 2) Interest charges of two percent (2%) per month, twenty-four percent (24%) annum will be charged on all overdue accounts.

I / We also advise the above information which is furnished for the purpose of obtaining credit from Arenburg's Transport is hereby certified to be true and correct.

Date: _____

Authorized Signature: _____

Title: _____