



CONSOLIDATED COMPRESSOR

9516 – 40 Street SE
Calgary AB T2C 2P3
Ph (403) 279-5315
Fx (403) 236-3041

CREDIT APPLICATION

CUSTOMER'S LEGAL NAME _____

CUSTOMER'S TRADE NAME _____

MAILING ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE _____ FAX _____ CELLULAR _____

SHIPPING ADDRESS _____

TYPE OF BUSINESS _____

DATE OPERATION BEGAN (PRESENT OWNERSHIP) _____

OFFICERS & DIRECTORS / PARTNERS OR SHAREHOLDERS

1 NAME _____ TITLE _____ TELEPHONE _____

2 NAME _____ TITLE _____ TELEPHONE _____

ACCOUNTS PAYABLE CONTACT (name) _____ TELEPHONE _____

REFERENCES: (WHO PRESENTLY GRANT CREDIT TO YOU. DO NOT USE OIL / GAS / UTILITIES or CREDIT CARD)

1 NAME _____ TELEPHONE _____

ADDRESS _____ FAX _____

2 NAME _____ TELEPHONE _____

ADDRESS _____ FAX _____

3 NAME _____ TELEPHONE _____

ADDRESS _____ FAX _____

NAME OF BANK _____ BRANCH _____

ADDRESS _____ CONTACT _____

LOANS: YES _____ NO _____ HOW SECURED _____

I do hereby affirm that the information herein given for the purpose of obtaining credit is true and correct. Should credit be granted, the undersigned hereby guarantees and indemnifies payment of all present future debts, owing from time to time to CONSOLIDATED COMPRESSOR COMPANY LTD. Our terms are NET 30 DAYS. A service or Interest Charge will be added to all invoices NOT paid within 30 days. Interest calculated 2% per month (24% per annum). Shipments will be withheld if an invoice is not paid within 60 days. Credit will be canceled if an invoice is not paid within 90 days and collection procedures will commence. All times are calculated from invoice date. By completing this application for credit, you are accepting these terms / conditions of this agreement.

DATE

APPLICANTS SIGNATURE

TITLE