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CREDIT APPLICATION

FULL LEGAL COMPANY NAME _____

MAILING ADDRESS _____

PHONE: _____ FAX: _____

EMAIL: _____ YEAR ESTABLISHED: _____

PST # _____ BUSINESS TYPE (partnership, corporation etc) _____

PRINCIPLES:

NAME / ADDRESS: _____

NAME / ADDRESS: _____

NATURE OF BUSINESS: _____

| TRADE REFERENCES: | NAME | ADDRESS | PHONE/FAX |
|-------------------|-------|---------|-----------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

BANK REFERENCE: _____

PURCHASE ORDERS REQUIRED: YES / NO CREDIT LIMIT REQUIRED: _____

ACCOUNTS PAYABLE CONTACT: _____

AUTHORIZED SIGNATURE: _____ POSITION: _____

DATE: _____

PAYMENT TERMS ON APPROVED CREDIT ARE NET 30 DAYS FROM DATE OF INVOICE.

ENVIRO-MULCH

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