JOARDENE INTERNATIONAL LTD. 4500 Sheppard Ave. East Unit 45 Scarborough, ON M1S 3R6

APPLICATION FOR CRED	IT									
Legal Name & Address (Bill To)	Date of Applica			of Application						
Postal Code										
Trade Style (If different from above	e):									
Telephone:	Fax:				GST Number:					
Buyer Contact: Pa		Payable Contact:				PST Number (Supply Certificate):				
Is Business A Limited Company? Yes / No If No Complete Owner's Name & Address										
Ship To Address:		Statement To Address								
BUSINESS INFORMATION										
Years Under Trade Name:	Annual Volume:			Financial Statement Attached. If No Why?			Yes / No No. Employees:			
Bank Name and Full Address	1									
Bank Account Number:	Telephone Number:			Fax Number:		Contact Name:				
REFERENCES (Please prov	vide 3 Major	Supplier	s)							
Company Name	Address			City		Telephone Number		Fa	Fax Number	
TERMS										
I certify the above information to be true and correct. The undersigned consents to the obtaining of such information by Joardene International Ltd. from any credit reporting agency or other source as Joardene International Ltd. may require at any time in connection with credit hereby applied for or any renewal or extension and to the disclosure of any information concerning the undersigned to any credit reporting agency or to any person with whom the undersigned has or propose to have financial relations. Authorized Signature/ Title and Date:										
Office Use Only										
Payment Terms:				Estimated A	Annual Vo	lume (\$00	me (\$000's):			
Pricing CDCS or 50% of List:				Estimated A	Annual Vo	lume Per	Ship to: (\$000			
Back-Orders Allowed:			es No Initial Order: (\$000'			,				
Member of Buying Group:			Yes No Name of Buying			nb:				
Business Coverage (Canada-Wide	, Region, Oth	er):	1							
Business Group(s) Affected:				Retail			OEM		Auto	
Account Manager Signature :				Salesmen No	Salesmen No: Dat					
Signature of Business Group Director :		Date:		Approval by	General	Manager:	nager:		Date:	