



COAST FIBER-TEK PRODUCTS LTD
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APPLICATION FOR CREDIT

LEGAL NAME: _____ PHONE: _____

INVOICE ADDRESS: _____ FAX: _____

SHIPPING ADDRESS: _____ E-mail: _____

_____ GST#: _____

_____ PST No.: _____

TYPE OF BUSINESS: _____

TYPE OF BUSINESS: LIMITED NAME & TITLE OF OWNERS _____
 PARTNERSHIP PARTNERS _____
 PROPRIETORSHIP AND DIRECTORS _____

BUSINESS STARTED: _____ AT PRESENT LOCATION SINCE: _____

BANKERS: _____ PHONE: _____

TRADE REFERENCES: (**PLEASE PROVIDE FAX NUMBERS FOR ALL REFERENCES**)

NAME AND ADDRESS 1. _____ E-MAIL: _____
 2. _____ E-MAIL: _____
 3. _____ E-MAIL: _____

RECEIVE INVOICES VIA MAIL
 E-MAIL ADDRESS _____

IN CONSIDERATION OF COAST FIBER-TEK PRODUCTS LTD. SELLING GOODS AND SERVICES FROM TIME TO TIME ON TERMS OF CREDIT, THE UNDERSIGNED GUARANTIES (JOINTLY AND SEVERALLY) TO COAST FIBER-TEK PRODUCTS LTD. THE DUE PAYMENT AND DISCHARGE OF ALL PRESENT AND FUTURE DEBTS HOWEVER INCURRED BY THE CUSTOMER IN ACCORDANCE WITH THE TERMS OF SALE. THE GUARANTOR AGREES THAT NO ACTION TAKEN OR OMITTED TO BE TAKEN SHALL CONSTITUTE ANY WAIVER OF THIS AGREEMENT.
 I/WE UNDERSTAND AND AGREE THAT ANY PORTION OF AN ACCOUNT REMAINING UNPAID AT THE END OF THE MONTH FOLLOWING PURCHASE IS SUBJECT TO A SERVICE CHARGE OF 2% PER MONTH (24% PER ANNUM) ON THE UNPAID BALANCE. I/WE AUTHORIZE COAST FIBER-TEK PRODUCTS LTD TO OBTAIN CREDIT INFORMATION CONCERNING THIS APPLICATION AND HEREBY CERTIFY THAT THE INFORMATION HERIN GIVEN IS TRUE AND CORRECT.

WITNESS: _____ GUARANTOR: _____

SIGNATURE: _____ SIGNATURE: _____

DATE: _____