

| CREDIT APPLICATION | | | |
|-----------------------------------------|------------------------------------------------------------------|---------------------------------------|-----------------------------------|
| Legal Name | (Circle One) Proprietorship Partnership Corporation | | |
| | H.S.T. No. | No. of Employees | Amount of Credit Requested |
| Operating Name | Date of Incorporation | Nature of Business | Years in Business |
| Authorized Person for Purchasing | Telephone | Fax | Email Address |
| Billing Address | City | Province | Postal Code |
| Accounts Payable Contact Name | Accounts Payable Phone Number | Accounts Payable Email Address | |

Names of Owners or Officers of the Company

| Name | Position | Phone | Email Address |
|-------------|-----------------|--------------|----------------------|
| | | | |
| Name | Position | Phone | Email Address |
| | | | |

Bank References

| Bank Name | Branch | Account No. | Contact Name |
|-----------------------|---------------|----------------------|---------------------|
| Branch Address | City | Province | Postal Code |
| Phone | Fax | Email Address | |

Credit References

| Company Name | Contact Name | Telephone and Fax | Email Address |
|---------------------|---------------------|--------------------------|----------------------|
| 1 | | Telephone | |
| | | Fax | |
| 2 | | Telephone | |
| | | Fax | |
| 3 | | Telephone | |
| | | Fax | |
| 4 | | Telephone | |
| | | Fax | |

I/We hereby authorize Intellimeter Canada Inc. and/or their agents, to obtain credit information from our bank & trade references listed above.

In consideration of any extension of credit, purchaser agrees to the terms hereof and to the conditions of sale set forth on each invoice.

| | |
|---------------------|--------------|
| NAME (Print) | TITLE |
| SIGNED | DATE |

Intellimeter Canada Inc.

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