



A P P L I C A T I O N F O R C R E D I T

ALL INFORMATION ON BOTH PAGES MUST BE COMPLETED AND RETURNED.

Please type or print.

To be completed by all Applicants

| | | | | | |
|---|--|----------|-------------|--------------------------------------|--|
| Legal Name of Business | | | | Phone No. | E-mail Address |
| Address | City | Province | Postal Code | Fax No. | Cell No. |
| Shipping Address (If Different) | | | City | Province | Postal Code |
| | | | | Describe the nature of your business | |
| Type of Business: (Check appropriate box) Sole Proprietor <input type="checkbox"/> Incorporated Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> | | | | | Contractor License Number |
| Accounts Payable Contact – Name | | | Phone No. | Date Business Started | Number of Employees |
| Tax Exemption Certificate No. (If Applicable) | Provincial Tax Exemption No. (If Applicable) | | | Credit Amount Applied For | Purchase Orders Required Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Current Suppliers – Name | Contact | | | Phone No. | Fax No. |
| Current Suppliers – Name | Contact | | | Phone No. | Fax No. |
| Current Suppliers – Name | Contact | | | Phone No. | Fax No. |
| Bank – Name | Address/City/Province/Postal Code | | | Contact Name and Phone No. | Bank Account No. |
| Other Reference – Name | Contact | | | Phone No. | Fax No. |

To be completed by all Incorporated Companies Use additional sheets if necessary)

| | | | | |
|-----------------------------------|-----------------------------------|-----------|---------|-------------|
| Owner(s)/Parent Company(s) – Name | Address/City/Province/Postal Code | Phone No. | Fax No. | % Ownership |
| Owner(s)/Parent Company(s) – Name | Address/City/Province/Postal Code | Phone No. | Fax No. | % Ownership |
| Owner(s)/Parent Company(s) – Name | Address/City/Province/Postal Code | Phone No. | Fax No. | % Ownership |

To be completed by all Sole Proprietors, All Partners and Other Entities Use additional sheets if necessary)

| | | | | | |
|-------------------------|--------------------------|-----------------------------------|-------------|-----------------------------|----------------------|
| Principal(s): Last Name | | First Name | Middle Name | Birth Date (Day/Month/Year) | Social Insurance No. |
| Spouse: Last Name | | First Name | Middle Name | Birth Date (Day/Month/Year) | Social Insurance No. |
| Address | | City | Province | Postal Code | Phone No. |
| | | How Long at this Address | | | |
| Rent or Own | If own, name(s) on Title | How Long | | Previous Employer | How Long |
| Personal Bank – Name | | Address/City/Province/Postal Code | | Contact Name | Phone No. |
| Principal(s): Last Name | | First Name | Middle Name | Birth Date (Day/Month/Year) | Social Insurance No. |
| Spouse: Last Name | | First Name | Middle Name | Birth Date (Day/Month/Year) | Social Insurance No. |
| Address | | City | Province | Postal Code | Phone No. |
| | | How Long at this Address | | | |
| Rent or Own | If own, name(s) on Title | How Long | | Previous Employer | How Long |
| Personal Bank – Name | | Address/City/Province/Postal Code | | Contact Name | Phone No. |

The term “HJC Corp.” shall refer to Haines, Jones & Cadbury Corporation and all of its divisions, operating groups, predecessors, successors and assigns.

The Applicant hereby applies for credit to be extended to it by HJC Corp. and agrees to provide, on request, financial statements and/or net worth statements to HJC Corp. prior to credit being approved or extended. The Applicant agrees that HJC Corp. is under no obligation to accept this Application or to extend credit to the Applicant. The Applicant further agrees that if this Application is accepted, HJC Corp. may refuse to extend credit, increase amount of credit, or may reduce the amount of credit previously extended, at any time without providing reasons for such refusal, increase, or reduction. Upon request, the Applicant and/or its principals will provide a guarantee or other security acceptable to HJC Corp.

The Applicant agrees that if it is claiming tax exempt status, a tax exemption certificate will be provided to HJC Corp. The Applicant agrees that if it is an unincorporated business that is incorporated at a later date, it will notify HJC Corp. in writing within 14 days of such incorporation.

Unless otherwise specified on shipping documents, quotations, invoices and/or statements sent from time to time by HJC Corp. to the Applicant, the terms of sale are for payment in full of all accounts within 30 days of the invoice date. The Applicant agrees to pay service charges in the amount of 2% per month (24% per annum) on all past due amounts. The Applicant agrees to pay HJC Corp. all costs, charges and expenses (including, without limitation, legal fees and expenses) incurred by or on behalf of HJC Corp. in connection with the collection of any outstanding amounts and/or the enforcement by HJC Corp. of any of its rights against the Applicant. Invoices and statements will be considered correct by both parties unless HJC Corp. is notified in writing of any errors within 30 days of invoicing.

Title to all goods sold or delivered by HJC Corp. will remain in HJC Corp. until such goods have been fully paid for by the Applicant and HJC Corp. shall have a continuing security interest and purchase money security interest in all such goods and their proceeds to secure payment by the Applicant of all its obligations to HJC Corp.

The Applicant consents to HJC Corp. obtaining and disclosing credit, personal or other information about the Applicant, and/or its principals, for the purpose of determining whether to extend credit to the Applicant (the “Purpose”). The Applicant represents and warrants that the Applicant has the authority to grant such consent on behalf of its principals. HJC Corp. may obtain such information from, or disclose such information to, any credit reporting agency, credit bureau, collection agency, personal information agency, financial institution, bank, any party with whom the Applicant or principals have had or may have financial relations, or any other party on a need to know basis for the Purpose. HJC Corp. shall keep such information as long as is necessary for the Purpose or as required by law. The Applicant acknowledges that if it withdraws this consent at any time, HJC Corp. is under no obligation to extend, or continue to extend, credit.

This Application shall be governed by and interpreted in accordance with the laws of the province of the Applicant’s address set out on page 1 of this Application. The Applicant acknowledges receipt of a copy of this Application. The Applicant hereby certifies that the above information is true and correct in all respects and agrees to notify HJC Corp. of any change that may affect the terms and conditions hereof. This Application may be executed and delivered by facsimile transmission and, if so executed and transmitted, this Application will be for all purposes as effective and binding as if an originally executed document was delivered.

Signature: _____ Name: _____ Date: _____

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|--|---|-----------|-----------|
| INVOICING PREFERENCE (Please check one) Mail Email Address: _____ (if different than above) Fax Number: _____ (if different than above) | *** HJC CORP. BRANCH AND CREDIT DEPARTMENT USE ONLY *** | | |
| | Sales Rep: | Approved: | Account # |
| | Branch: | Notes: | |

The terms of sale are so specified in this application for credit and any shipping documents, quotations, invoices and statements. HJC Corp.'s full terms of sale are available on request.