

CONFIDENTIAL CREDIT APPLICATION
 (This form must be completed in full in order to be processed)

Legal Trading Name: _____

Business Location: _____

Postal Code: _____ Telephone No: _____ Fax No: _____

How Long in Business: _____ Type of Business: _____

Bank: _____ Account No: _____

Address: _____ Postal Code: _____

Telephone No: _____ Fax No: _____

CREDIT REFERENCES

NAME	ADDRESS	PHONE NO.

Person responsible for A/P: _____ E-mail: _____

Phone: _____ Fax: _____

Required Credit: \$ _____

NAME AND ADDRESS OF OWNER(S) OFFICER(S)

NAME	TITLE	ADDRESS	PHONE NO.

In the event that credit information cannot be obtained through normal channels, the undersigned authorizes FIRST CANADIAN LOGISTICS LTD. to contact their financial institution and hereby authorize them to release the information required to establish the necessary credit.

The undersigned covenants and agrees to pay to FIRST CANADIAN LOGISTICS LTD. interest on the overdue amount outstanding to FIRST CANADIAN LOGISTICS LTD. at the rate of twenty-four (24%) per annum.

The undersigned shall pay all costs incurred by FIRST CANADIAN LOGISTICS LTD.. in the collection of monies owing to FIRST CANADIAN LOGISTICS LTD.

I/We hereby consent to the aforementioned being made or, being caused to be made, by FIRST CANADIAN LOGISTICS LTD.. in connection with my application or my continuing credit.

Date: _____ Name (Please Print): _____

Company: _____ Title: _____

Authorized Signature: _____