

TRICELL SALES & MARKETING LTD.

SPECIALIZING IN DURACELL BATTERIES
 2864 BUCKLEPOST CRESCENT - MISSISSAUGA, ONTARIO L5N 1X5
 (905) 567-0066 Fax (905) 542-2882

APPLICATION FOR CREDIT

BILLING NAME: _____ PH: () _____ FAX: () _____

BILLING ADDRESS: _____ STREET _____ CITY _____ PROV _____ PC _____

PARENT COMPANY NAME: _____ PST#: _____ GST#: _____ (ph. #) _____

OWNERSHIP () Corporation () Private () Public () O.E.M () Wholesaler () Retailer/Dealer () Service/Rep () Other _____

YEAR STARTED: _____ CREDIT REQUIRED: \$ _____

PRINCIPALS NAMES & TITLES: (please list residence address and phone numbers)

1. _____
 2. _____
 3. _____

ACCOUNTS PAYABLE CONTACT: _____ BUYER: _____

BANKING REFERENCE

(Name) _____ (Ph. Number) _____

(Address) _____ (Type of Account) _____

(City) _____ (Prov.) _____ (P.C.) _____ (Account Number) _____

1. _____
 2. _____
 3. _____

(Name) _____ (Name) _____ (Name) _____

(Contact) _____ (Contact) _____ (Contact) _____

(Phone#) _____ (Phone#) _____ (Phone#) _____

I state that the information set out on this credit application form is true. On behalf of the company indicated above, I agree to terms of net 30 days. I hereby authorize the person or firm to whom this application is submitted, to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirements.

This consent is given pursuant to chapter 78, section 12, of the Credit Reporting Act, R.S.B.C. 1979.

Signed: _____ Title: _____ Date: _____