QUEENSWAY PLASTICS LTD.

Credit Application

Company Legal Name :			
Billing / Shipping Address : City :	Province / State :		
Postal / Zip Code : Telephone# : E-mail address :		Fax#:	
Company Principal : Telephone# :		Title	: Fax#:
Account Payable Contact : Nature Of Business: No. Of Years In Business:		Phone#:	Ext
G.S.T. #		P.S.T.#	
	Requested		t Terms :
Trade References			
l) Customer Name :			
Address :			
Contact Name :		Email:	
Telephone# : 2) Customer Name :		Fax#:	
Address :			
Contact Name :		Fmail	
Telephone# :		Eman: Fax#:	
3) Customer Name :		Γάλπ.	
Address :			
Contact Name :		Email:	
Telephone# :		Fax#:	
	rization to Releas		mation
Autior		e Danking Into	
Company Bank Name :			
Branch Name :			
Account Number :			
Contact Name :			
Telephone# :		Ext	_ Fax#:
Authorized Signature :			
Customers Agreement:			
That the above information is com undersigned hereby consents to Qu information as Queensway Plastics	ueensway Plastics Ltd. Obtaining	from any credit reporting agen	cy or credit grantor such
			nk and trade references to furnish to undersigned as Queensway Plastics
Per :	Name :	Title :	Date :