



2558 CEDAR CREEK ROAD, AYR, ONTARIO N0B 1E0 TEL: (519) 740-8209 FAX: (519) 740-1015

## BUSINESS CREDIT APPLICATION

<b>1 BUSINESS:</b>			
Corporation <input type="checkbox"/>		Year of Incorporation:	
Name of Business:			MFTT#:
PRINCIPLE/OWNER:		Date of Birth:	
Mailing Address:			
City:	Prov:	Postal Code:	Phone #:
Cell #:	Fax #:	E-mail Address:	
HST #:	Type of Business:		
Amount of Credit Requested:		PO REQUIRED? Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>2 CONTACT FOR ACCOUNT:</b>			
FIRST NAME:		MIDDLE INITIAL:	LAST NAME:
Mailing Address:			Business Phone #:
City:	Prov:	Postal Code:	Cell Phone #:
Position:		Since:	

<b>3 TRADE REFERENCE #1</b>			
Name of Reference:		Account # or Name:	
Contact Name:	Phone #:	Ext.:	

<b>TRADE REFERENCE #2</b>			
Name of Reference:		Account # or Name:	
Contact Name:	Phone #:	Ext.:	

<b>4 BANK REFERENCE</b>			
Name of Bank:		Account #:	
Address:			
Contact Name:	Phone #:	Ext.:	

**CREDIT TERMS - NET 7 DAYS - Final Credit Terms to be granted and approved by Primemax Energy Inc.**

- \* Past due accounts may be subject to interest charges at a rate of 2% per month, 24% per annum.
- \* I agree that the information given above is accurate and complete.
- \* I authorize **PRIMEMAX ENERGY INC.** to conduct credit checks or obtain any information required to establish or verify my financial standing for the purpose of this credit application. I also agree to comply with the terms and conditions of sale as stated above.
- \* In compliance with the Privacy Act, this information is not distributed to any other party, or used in any other way, except for the purpose stated above. This information is considered private and confidential.

Name:	Date:
Title:	

**\*\*\*\*\* SIGNATURE REQUIRED \*\*\*\*\***

\*\*\*\*\*NEW - sign up for E-Mailed statements today!!!!!!