

EDCO TECHNOLOGIES INC.

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Tel: (905) 534-3326 Fax: (905) 534-3327
Email: rolfbrockman@hotmail.com

Application For Credit

Company: _____ Date: _____

Address: _____ Type of Organization [] Corporation
_____ [] Partnership [] Proprietorship

Tel. No. _____ Date Business Incorporated: _____

Name, Address & Residential Phone No, of Officers & Owners:

Accts Payable Contact: _____ Tax Exemption No. _____
(Provide exemption certificate for each job)

Anticipate Monthly Purchases: _____

References: Bank: _____ Phone No. _____
_____ Bank Manager: _____

Suppliers:

1. _____ Phone No. _____

Fax No. _____

2. _____ Phone No. _____

Fax No. _____

3. _____ Phone No. _____

Fax No. _____

Note: Interest of 1.5% per month or 18% per annum will be charged on amounts owing after 30 days, from date of invoice, from that day and not from the month end.

I hereby acknowledge all terms and conditions of this application and agreed to except those terms and conditions including interest charges for any credit hereby granted.

Date: _____ Applicants Name: _____

Signature Of Applicant: _____

