

*ACME AERIALS LTD.*  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

|                             |              |              |        |
|-----------------------------|--------------|--------------|--------|
| Title:                      |              |              |        |
| Company name:               |              |              |        |
| Phone:                      | Fax:         | E-mail:      |        |
| Registered company address: |              |              |        |
| City:                       | Province:    | Postal Code: |        |
| Date business commenced:    |              |              |        |
| Sole proprietorship:        | Partnership: | Corporation: | Other: |

**BUSINESS AND CREDIT INFORMATION**

|                              |                |              |
|------------------------------|----------------|--------------|
| Primary business address:    |                |              |
| City:                        | Province:      | Postal Code: |
| How long at current address? |                |              |
| Telephone:                   | Fax:           | E-mail:      |
| Bank name:                   |                |              |
| Bank address:                | Phone:         |              |
| City:                        | Province:      | Postal Code: |
| Type of account              | Account number |              |
| Savings                      |                |              |
| Checking                     |                |              |
| Other                        |                |              |

**BUSINESS/TRADE REFERENCES**

|                  |        |           |
|------------------|--------|-----------|
| Company name:    |        |           |
| Address:         |        |           |
| City:            | State: | ZIP Code: |
| Phone:           | Fax:   | E-mail:   |
| Type of account: |        |           |
| Company name:    |        |           |
| Address:         |        |           |
| City:            | State: | ZIP Code: |
| Phone:           | Fax:   | E-mail:   |
| Type of account: |        |           |
| Company name:    |        |           |
| Address:         |        |           |
| City:            | State: | ZIP Code: |
| Phone:           | Fax:   | E-mail:   |
| Type of account: |        |           |

**AGREEMENT**

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize ACME Aerials Ltd. to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES**

|                 |                 |
|-----------------|-----------------|
| Title:<br>Date: | Title:<br>Date: |
|-----------------|-----------------|