

Western Storage - A Western Transport Ltd. Company

Head Office: 1300 Dugald Road, Winnipeg, MB R2J 0T8 Tel : (204) 256-4371 Fax : (204) 235-0081

CREDIT APPLICATION - INCORPORATED BUSINESS

LEGAL BUSINESS NAME of APPLICANT CORPORATION	TRADE NAME (if applicable)	TELEPHONE NO.
MAILING ADDRESS (No. & Street)		FAX NO.
CITY & PROVINCE		POSTAL CODE
DELIVERY ADDRESS (if different than mailing address)	WEB SITE (if applicable)	EMAIL ADDRESS
NATURE OF BUSINESS	YEARS IN BUSINESS UNDER CURRENT OWNERSHIP	# of EMPLOYEES
		ARE YOU GST EXEMPT? Yes No

NAMES OF DIRECTORS	POSITION	PERCENTAGE OWNERSHIP
1)		
2)		

CREDIT REFERENCES WHERE YOU HAVE 30 DAY CHARGE PRIVILEGES				
NAME	ACCOUNT #	CITY	TELEPHONE	FAX
1)				
2)				
3)				
BANK				
CREDIT LIMIT REQUESTED \$	PURCHASE ORDERS REQ'D Yes No		ACCOUNTS PAYABLE CONTACT Name:	ACCL Apr00 Tel:

ACCOUNT AGREEMENT

In consideration of Western Storage - A Western Transport Ltd. Company, hereafter referred to as the "Company" granting credit for the purpose of purchasing products and/or services, I/we agree to be bound by the following terms and conditions governing any and all such Credit purchases namely:

1. All purchases and services 30 days from date of invoice.
2. Any amount due and not paid by the end of the due date, shall be charged a service charge calculated at the rate of 2% per month, compounded monthly. Effective annual yield is 26.82%.
3. Any payment made in respect of a credit transaction shall be applied first to the accumulated service charge, and thereafter to the principal amount of the outstanding debt.
4. The applicant agrees that the Company and/or its authorized agent may access the applicant's personal credit bureau file(s) and/or other credit report(s) containing factual information in connection with this application, and I/we authorize the receipt, exchange, retention &

- update of all of personal credit and corporate credit information without any time limitation and/or restriction.
5. The Company will assess handling charge in the amount of \$50.00 for any dishonored cheque received from the applicant.
6. I/We hereby agree to indemnify the Company for all collection fees, legal fees and all other expenses which the Company incurs should my/our account be in arrears.
7. I authorize the Company to charge my/our past due account to my/our credit card.
Name _____
Card # _____ Expiry _____

I/We acknowledge that I/we have read and fully understand the terms and conditions of this account agreement. This application is subject to the approval of the Company's Credit Department. I/We affirm that the information is true and correct.

I AM THE APPLICANT NAMED HEREIN OR AN AUTHORIZED REPRESENTATIVE OF THE CORPORATION NAMED HEREIN.

AUTHORIZED SIGNATURE _____

DATE _____ YEAR _____ PRINT NAME AND TITLE _____

For Office Use Only Western : May 2004	Account Number	Credit Limit \$	Date Opened
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