

CREDIT APPLICATION

Please complete all pages, then print, date and sign before faxing to 780-490-1773. For faster processing you may also submit the form data by clicking the "Submit by Email" button on the top of this form - but the printed and signed form must be received by fax or postal mail before credit will be offered.

| Company Name   |   |
|--|---|
| Billing Address  |   |
| Shipping Address   |   |
| City   | Province Postal Code  |
| Phone Number   | Fax Number  |
| Please provide listing   | gs of all field addresses, phone & fax numbers.   |
| Business Type  | ership Corporation No. of years in business:  |
| Is your company Tax Exempt Yes   | or No If yes, please include a copy of your tax exempt form.  |
| Principal Owners   |   |
| Nature of Business   |   |
| Number of Invoice Copies Required  | Amount of Credit Requested \$   |
| BANK REFERENCE   |   |
| Bank Name  | Acct. No.   |
| Address  | Contact   |
| Phone Number   | Fax   |
| ACCOUNTS PAYABLE   | PURCHASING AGENT  |
| Name   | Name  |
| Phone Number   | Phone Number  |
| Fax Number   | Fax Number  |
| Email Address  | Email Address   |
| TRADE REFERENCES (Oil & Gas Re   | elated)   |
| Company  | Contact   |
| Address  |   |
| Phone Number   | Fax   |
| Company  | Contact   |
| Address  |   |
| Phone Number   | Fax   |
| Company  | Contact   |
| Address  |   |
| Phone Number   | Fax   |
| back in resaleable condition and with prior authorization. Restoc<br>I (We) have read and agree to comply with the above terms a | f 2% per month (24% per annum) is charged on all past due accounts. Returned goods will be accepted cking/handling charges may apply. All discrepancies must be reported within 7 days from receipt of goods. and certify that everything stated in this application and on any attachments is correct. I (We) authorize dit report on the company applying for credit, to obtain credit information from others, check banking and tany credit history with you. |
| Signed:  | Date:   |
| Print Name and Title:  |   |