

It is understood and agreed that account balances are due within 30 days from the invoice date. Interest shall be added at the rate of 2% per month (24% per annum) on overdue charges. In the event of default of agreed terms, any charges incurred to collect this account, whether for long distance telephone charges, lawyers' or the charges of a professional collection agency, shall be charged to the applicant.

COMPANY INFORMATION

Company Name (DBA) _____ Date Established _____

Street Address _____ City _____ Province _____ Postal Code _____

Contact Name (Officers, Partners, or Guarantor) _____ Phone Number _____ Contact Name (Officers, Partners, or Guarantor) _____ Phone Number _____

BILLING INFORMATION

Company Name _____

Invoice Address _____ City _____ Province _____ Postal Code _____

Accounts Payable Contact Name _____ Phone Number _____ Fax _____ Accounts Payable Email Address _____

BANK REFERENCE

Primary Bank and Branch _____ Account Number _____

Address _____ City _____ Province _____ Postal Code _____

Contact Officer _____ Phone Number _____ Fax _____ Email Address _____

TRADE REFERENCES - Please list three (3) suppliers

Supplier 1 _____ Phone _____ Fax _____

Street Address _____ City _____ Province _____ Postal Code _____

Supplier 2 _____ Phone _____ Fax _____

Street Address _____ City _____ Province _____ Postal Code _____

Supplier 3 _____ Phone _____ Fax _____

Street Address _____ City _____ Province _____ Postal Code _____

AUTHORIZATION

I/We hereby authorize Eden Textile Ltd and its assigns, to make whatever credit inquiries it deems necessary in connection with my credit application or in the course of review or collection of any credit extended in reliance on the application. I/We authorize and instruct any person or consumer reporting agency to comply and furnish any information it may have or obtain in response to such credit inquiries. I/We warrant that the information submitted herein is true and correct and hereby authorize references contained herein to release any necessary information

Authorized Officer Signature _____ Date _____

Authorized Officer Name _____ Title _____