| Credit Application 1000-10180 103 St NW, Edmonton, AB, T5J 0L1  | Adv  | vantage <b>V</b> M   |
|---|--|--|
| 1-888-560-5595 - info@advantagevm.ca - www.advantagevm.ca   | 1  |  |
| Name of Applicant:  | Phone:   |  |
| Credit Limit Requested: \$  | Est. Annual Purchases: \$  |  |
| Mailing Address:  |  |  |
| Street Address:   |  |  |
| City:   | Prov./State:   | PC/Zip:  |
| Email:  Legal Form of Business:  Corporation  | Partnership  | Proprietorship   |
| Government Business   | Co-op  | Other  |
| Years in Business:  | Date of Incorporation:   |  |
| Type of Business (Applicator etc.):   | Tau Francist Na  |  |
| Tax Exempt: Yes No  | Tax Exempt No.:  |  |
| Note: Certificate or no. must be provided or tax will be charged  | - Full But   |  |
| Provincial Pesticide License Number:  | Expiry Date:   |  |
| Pesticide Service Registration Number:  | Expiry Date:   |  |
| Previous or Associated Business Names:  | Tale   | A d d  |
| Names of Owners, Partners, Officers:  | Title:   | Address:   |
|   |  |  |
| Are you willing to provide: Financial Statements  | Yes I  | No   |
| Major Supplier References  Company & Contact: Phone:  | Email:   | Address:   |
| Bank Reference Name of Bank:  |  |  |
| Address:  |  |  |
| Contact:  | Phone Number:  |  |
| Account Number:   |  |  |
| The Applicant hereby understands and agrees to the following and warrants that  1. The Applicant shall make payment to AdvantageVM Corp. (AdvantageVM plus any interest charges on previous unpaid monthly principal amounts at the in  | ) for the invoice amount of all material terest rate as stated on the invoice or m | s and services by the date stated on the invoice, nonthly statement. |
| 2. Payment on this account shall be applied first against any interest charge du  | -  | eriais or services.  |
| <ol> <li>Service charges will be applied on past due accounts at the rate of 1.5% per</li> <li>The Applicant hereby consents to AdvantageVM or its authorized agent to a financial information to AdvantageVM from any financial institution or bank, in extension thereof, and disclose any credit information to any reporting agency, papplicant's credit worthiness.</li> </ol> | conduct a business or personal credit in connection with the credit account and    | l limit hereby applied for or any renewal or                         |
| <ol> <li>The Applicant further agrees that any subsequent delivery of material and so<br/>the first agreement for the original order placed, regardless of the use of a separate</li> </ol>   |  | •  |
| Company Name  |  | Date:  |
| Name(s) and Position(s):  |  |  |
| Authorized Signature(s):  |  |  |
|   |  |  |
| AdvantageVM use only: Customer Account #  |  | Credit Limit: \$   |
| Credit Department Signed:   | Date:  | Approved Not Approved  |

Completed forms can be returned via email to: payables@advantagevm.ca

All information received is strictly confidential and for AdvantageVM's use ONLY

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