

DAVID BROWN UNITED LTD. CREDIT APPLICATION

RR #2 Waterville, Kings County, Nova Scotia, B0P 1V0

Toll free: 1-800-565-9765 | Tel: 902-538-8088 | fax: 902-538-8500

DATE: _____

REPRESENTATIVE: _____

Business Address: _____

Business Name: _____

Street: _____ Postal Code: _____

City: _____ Province: _____ Telephone: _____

Billing Address: _____ Shipping Business Other **Contact Person Responsible for Payment:**

Name: _____ Telephone: _____ Fax: _____

Legal Form of Business:Sole Proprietorship Partnership: Corporation Limited Partnership Federal Government Prov. Government Other: _____**Please provide the required information for all proprietors, partners and/or corporate officers:**

1. Name: _____ S.I.N.# _____ Home Address: _____

Position: _____ Tel: _____

2. Name: _____ S.I.N.# _____ Home Address: _____

Position: _____ Tel: _____

3. Name: _____ S.I.N.# _____ Home Address: _____

Position: _____ Tel: _____

Do legal owners currently have other business interests which deal with David Brown United Ltd.?

If yes, Name: _____ Location: _____

Name of Associated Buyer Group or Group of Corporate Accounts: _____

How long in Business? _____ Number of Employees? _____ Are premises owned? _____

Landlord (if applicable): Name: _____ Telephone _____**References (Trade References Preferred)**

Name	Company	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
Bank	Branch	Contact
_____	_____	_____

Provincial Sales Tax Lic.# _____

Federal Sales Tax (HST) Exempt? _____
If yes, attach certificate

Terms requested: _____

Credit Limit Requested? _____

Account #**Credit Limited****Terms:**

30 DAYS

Authorized by: _____ **Date:** _____

The information on this page is submitted by the undersigned (hereinafter called "The applicant") for the purpose of obtaining credit. The applicant hereby authorizes DAVID BROWN UNITED LTD. (hereinafter called DAVID BROWN'S) to make inquiries concerning credit worthiness by contacting named references, banks, credit reporting agencies and through other appropriate means. The applicant hereby agrees to make payment to DAVID BROWN'S in accordance with the invoices from time to time rendered and, unless otherwise specified in such invoices, within seven days of the date of the receipt of invoice. Upon default of payment, interest shall accrue at the rate established from time to time. The applicant shall be responsible for payment of all costs of collection incurred by DAVID BROWN'S. DAVID BROWN UNITED LTD. May at any time for such reasons as it deems fit withdraw the credit extended, or vary terms, and shall be under no obligation to extend further credit. Credit privileges shall become effective upon acceptance hereof the authorized representative of DAVID BROWN'S credit department and shall be deemed to be so accepted by any extension of credit given after the date of this application. Credit privileges may not be transferred or assigned.

DATE: _____ AUTHORIZED SIGNATURE: _____ TITLE: _____