

17525 Jane Street King, Ontario L7B 0J6

> (905) 727-2100 (416) 364-5700 (905) 727-8546 fax www.zandersod.com

CREDIT AGREEMENT

By	USINESS IS CARRIED ON		(Applicant)
Street Address:			
Mailing Address:			
	Postal Code:		
Telephone:	Cell Phone:	Fax:	
E mail:	Web site:		
Contact Person:			
Approximate Monthly Credit Require Guarantees will be provided: Yes (ed No()		
FINANCIAL INSTITUTION	CREDIT REFE	RENCES	
Name and Address:			
Account #:			
Contact Name:			
Line of credit authorized \$	Overdraft	t authorized \$	
PRINCIPAL SUPPLIERS			
Name		Phone	
Address		Email	
Name		Phone	
Address		Email	
Name		Phone	
Address		Email	
BUSINESS LOCATION IS: OWN	ED() LEASED()		
If leased, Landlord's name and telepl	none#:		
Years in business:	at this location? Ves () No ()	

Continued on page 2 (must be complete)

	Page 2					
BUSINESS ENTITY TYPE Check and	<u> </u>					
CORPORATION ()	tomprove one omy					
Full Corporate name as it appears on the charter DIRECTOR'S NAMES, TITLE, RESIDENTIAL ADDRESS AND PHONE NUMBER 1.						
				2		
1						
2.						
PROPRIETORSHIP ()						
	DRESS:					
THOTHETOR STOLE WHILE & HOWE FIDE						
DATE OF BIRTH:	S.I.N.					
AGREEMENT						
Applicant authorizes Zander Sod Co. Limited to contact	all references given and inquire as to applicant's credit history. The nature and scope of the report will be					
made available to the applicant on written request. 2. Terms unless otherwise arranged are Net 30 days from 6	la livare					
 A service charge on overdue accounts at the rate of 1.5% compounded monthly applies, (equivalent annual rate of 19.5%) this rate may change from time to tin and customers will then be notified. 						
					hay be offered from time to time an account must be in good standing and all conditions set forth adhered to vriting within 5 days of any change in ownership, address, telephone or other facts given.	
	yment of goods received unless notification in writing is received by Zander Sod Co. Limited of a change i					
ownership or incorporation.						
 In the unlikely event that quality of material shipped is b Claims for adjustments on invoices received by the customer than the customer invoices received by the customer invoices. 	below standard expected, such claims must be made with 24 hours of delivery.					
	omer must be made within 10 days. t application, and for other good and valuable consideration, the receipt of which is hereby acknowledged,					
the undersigned party ("guarantor") unconditionally gua	arantees to Zander Sod Co. Limited (the "supplier") the full and prompt payment by the Applicant of all					
	pplier subsequent to the acceptance by the Supplier of the Credit Application, and agrees to indemnify the					
	ay incur resulting from the failure by the Applicant to pay such accounts and invoices. Guarantor agrees his Guaranty, that any notices, actions, rights or remedies against the Applicant be first exhausted, it being					
understood and agreed that Guarantor is jointly and seve	erally obligated with the Applicant for the due and complete payment of the Applicant's debt to the Supplie					
	and in all respects unconditional and shall be binding upon his respective successors and assigns, and shall					
not be released unless specifically agreed to in writing b 10. I authorize the use of my visa/MasterCard account to						
•						
VISA/MASTERCARD#	EXPSignature of cardholder					
NAME ON CARD						
	terms and conditions of sale set out in the agreement (above). The applicant authorizes the					
	Limited with credit and financial information and to obtain such commercial and consumer					
complete and acknowledges that this information will be use	om time to time. The undersigned certifies that the information provided above is true and					
	n on the day of, 20					
The Chaeroighea rippheant signs this application	11 on the, 20					
APPLICANT	WITNESS					
APPLICANT Print name of applicant	WITNESS Print name of witness					
Time name of appream	Time name of without					
Signature of Applicant	Signature of Witness					
(I HAVE THE AUTHORITY TO BIND THE COMPANY)						
,						
PERSONAL GUARANTEE						
Guarantor Full Legal Name:	1					
(The undersigned affirms that he/she is duly authorize	ed to execute this guaranty)					

The undersigned Guarantor(s) sign(s) this application and guarantee on the _____day of_______, 20____.

GUARANTOR_______ WITNESS______

Print name of guarantor Print name of witness

Signature of guarantor
Signature of witness

Zander Sod Co. Limited accepts the application for credit of the Applicant, this _____day of ______, 20____.