

KILDONAN LOCK SERVICE LTD.

"YOUR SAFEST CHOICE FOR SECURITY"

Please Read Carefully.

THE UNDERSIGNED HEREBY:

(A) Agrees to our normal terms of net 30 days and recognizes and commits to payment of an interest charge of 2% per month (24% per annum) which will be assessed to the overdue balance on account. The assessment and collection of said interest charge in no way commits Kildonan Lock Service, for further credit privileges and it will be further recognized that credit privileges may be suspended or withdrawn at any time at our discretion.

(B) Agrees that past due accounts are subject to immediate suspension of service.

(C) Affirms that the information set forth above is in all respects true, accurate, complete and is furnished with the intent that it be relied upon by Kildonan Lock Service, in extending credit to the undersigned, and, that no information which might affect Kildonan Lock Service's decision to extend credit has been withheld.

(D) Authorizes Kildonan Lock Service to conduct a personal investigation to obtain any information required to this application. From any sources to which they may apply and each source is hereby authorized to provide them with such information. Kildonan Lock Service is furthermore authorized to disclose the response to direct inquires from any other lender or any credit bureau. Such information concerning this application agrees to indemnify Kildonan Lock Service against and save it harmless from any and all claims in damages or otherwise arising from any such disclosure made by Kildonan Lock Service.

(E) If additional security is required we may request that you sign a personal guarantee in favor of Kildonan Lock Service securing any balance outstanding from time to time.

AUTHORIZED SIGNATURE:

NAME: _____

TITLE: _____

DATE: /M/ ____ /D/ ____ /Y/ ____ /

FOR OFFICE USE ONLY

This application was given or mailed out by: _____

(Please print full name)

Date: /M/ ____ /D/ ____ /Y/ ____ /

Approved By:

Date: /M/ ____ /D/ ____ /Y/ ____ /

KILDONAN LOCK SERVICE LTD.

"YOUR SAFEST CHOICE FOR SECURITY"

334 Union Ave.W.
Winnipeg MB.
R2L-OC8

CREDIT APPLICATION

Date: _____
Phone: _____ Cell: _____ Fax: _____

Legal name: _____

Trade name: _____

Mailing/Street Address: _____

City/Town: _____ Province: _____

Postal Code: _____

Check One: Corporation: _____ Proprietorship: _____ Partnership: _____

Provincial Tax #: _____ G.S.T#: _____

Date Started In Business: _____

Type Of Business: _____

Parent Company: _____

Affiliated and/or Subsidiary Companies: _____

Do You Use Purchase Order Number's? Yes: _____ No: _____

Estimated Monthly Purchases \$: _____

Have You Ever Gone Through a Receivership or Bankruptcy?:

Are There Any Legal Actions Pending Against You?:

PARTENERS OR PRINCIPLES	TITLE	ADDRESS & PHONE #
1. _____	/ /	/ /
2. _____	/ /	/ /
3. _____	/ /	/ /

MANAGER: _____ ACCOUNTS PAYABLE

SUPPLIER REFERENCES NAME	ADDRESS	PHONE & FAX #
1. _____	/ /	/ /
2. _____	/ /	/ /
3. _____	/ /	/ /
4. _____	/ /	/ /

Bank: _____ Branch: _____ Manager: _____

Address: _____ Phone #: _____