

SUNRISE INTERNATIONAL (GROUP OF COMPANIES)
804 SARGENT AVE., WINNIPEG, MB, R3E 0B8
TEL: (204) 779-6099, FAX: (204) 779-5610
EMAIL: info@sunrisecanada.com

CREDIT APPLICATION AND AGREEMENT
"CONFIDENTIAL"

Date _____

BUSSINESS NAME: _____

MAILING ADDRESS: _____

Street or postal Box

City/Town

TELEPHONE NUMBER: Area code _____ Number _____ Fax Number _____

TYPE OF INDUSTRY: _____ NO. OF YEARS IN BUSINESS _____

PROVINCIAL SALES TAX #: _____

PRINCIPAL(S): Name _____ Position _____

Name _____ Position _____

NAME OF CONTACT FOR PAYMENT: _____ Telephone _____

IMPORTANT – ESTIMATED CREDIT LINE REQUIRED: _____

CREDIT REFERENCES: (1) Name of Company _____

(3 major supplies) Address _____

Telephone _____ Fax _____

(2) Name of Company _____

Address _____

Telephone _____ Fax _____

(3) Name of Company _____

Address _____

Telephone _____ Fax _____

BANK:(full name) _____

Address _____

Postal code _____ Telephone _____ Account # _____

Contact _____

The undersigned certifies the above information to be true and affirms that any credit given to him is extended upon the basis of such information. The undersigned consents to the obtaining of credit and/or personal information as may be required at any time in connection with the credit hereby applied for or any renewal or extension thereof and to the disclosure of any credit information concerning the undersigned or to any credit reporting agency or to any person with whom the undersigned has or propose to have financial relations.

The undersigned further acknowledge that he has been informed of Sunrise prevailing terms for repayment and agree to pay a service charge currently 2% per month (26.82% per annum) compounded monthly on any overdue balance until paid.

TERMS: NET 14 DAYS

SIGNATURE _____

POSITION _____