

CREDIT AGREEMENT

DATE: _____

AMOUNT OF CREDIT REQUIRED _____ PER MONTH

COMPANY NAME: _____

ADDRESS: LOCAL: _____ BILL TO: _____

CITY: _____ CITY: _____

PROV/STATE: _____ CODE: _____ PROV/STATE: _____ CODE: _____

PHONE (NOT 1-800): _____ FAX: _____

ACCOUNTS PAYABLE CONTACT: _____

ACCOUNTS PAYABLE EMAIL: _____

NUMBER OF YEARS IN BUSINESS: _____ BUSINESS TYPE: _____

BANKING INFO (name, address, phone, fax, account number and contact person):

TRADE REFERENCES: Full business name, phone number (not 1-800), fax and email:

1. _____

2. _____

I/we understand that credit terms are net 30 days and 2% per month (24% per annum) finance charges will be applied to all amounts past due. All returned cheques will be charged a \$25.00 administration charge. I also agree to pay all costs associated with the collection of this account owed to SFX Transport including all legal expenses.

By my signature below I authorize SFX Transport to obtain a consumer/commercial credit report as it may be deemed necessary in connection with establishment and maintenance of a credit account.

AUTHORIZED BY

PRINTED NAME: _____

TITLE: _____

SIGNATURE: _____