

CREDIT APPLICATION

Legal Name: _____

Trade Name: _____

Individual _____ Partnership _____ Incorporated _____

Phone: _____ Fax: _____ Cell: _____

Business Location: _____ City: _____ Postal Code: _____

Mailing Address: _____ City: _____ Postal Code: _____

Owner's Name: _____ Phone: _____

Estimated Monthly Purchases: _____

Payment Method: Cheque _____ CC _____ PAD _____ Online Banking _____ E-transfer _____ AFT _____

Accounts Payable Contact: _____ Phone: _____

E-Mail _____

Bank: _____ Phone: _____

Trade References:

Name: _____ Phone: _____

Address: _____ E-Mail: _____

Name : _____ Phone: _____

Address: _____ E-Mail: _____

Groupex Member:

FOR OFFICE USE ONLY :

Yes / No _____ Groupex # _____ Customer # _____

*I/We, The Undersigned, certify that the above information is correct. I/We agree that the usual credit inquiries may be made at any time, regarding the credit hereby applied for, and consent to the disclosure of any information concerning the Undersigned to any credit reporting agency, person, or firm with whom the Undersigned, has or may have financial relations. In the event a payment is returned by the bank a fee of \$25.00 will be applied to the account. In consideration of Pegasus Paper Ltd. supplying goods to us, I/We agree that should at any time, my/our account become overdue. I/We will pay interest at the rate of twenty-four percent, (24%) per annum I/We will pay interest at the rate of twenty-four percent, (24%) per annum, calculated and compounded monthly on any unpaid balance with respect to the account, which is outstanding for a period of more than thirty (30) days from the date of the invoice. An interest rate of 24% per annum calculated and compounded monthly is equivalent to an effective annual rate of 26.8% per annum. I/We agree to the collection of this account. Interest at the aforesaid rate is payable for all such costs and expenses if they are not paid forthwith when due. All litigation within the Alberta Provincial Courts will, at Pegasus Paper Ltd.' option be handled in the Provincial courts, in Edmonton, regardless where the debt occurred, where I/We reside or carry on business, and we consent to the choice of Edmonton.

Name (Please Print): _____ Signature: _____

Title: _____ Date: _____

Please remit to:

Pegasus Paper 2004 80 Ave. Edmonton, AB T6P 1N2 Ph: (780)462-4430 Fax: (780)462-4876

Email: info@pegasuspaper.ca