1500, Raoul-Charette, Joliette, Québec J6E 8S7
phone: 450.759.0666 fax: 450.755.1979

DO NOT WRITE

CREDIT LIMIT
APPROVED :

OPEN ACCOUNT APPLICATION

SALESMAN:_____ DATE: _____/_____/_____
day month year

All orders are to be paid upon delivery (C.O.D.) prior to management approval of credit application.

PLEASE PRINT.

Name or corporate name: _____

Address:_____
No Street City Province

Postal code:_____ Postal Office box: _____ Phone: (_____)_____

Business Type:_____ Fax: (_____)_____

Authorized Purchaser Names: _____ In business since: _____
.....Months.....Years

Credit Requested: $_____ or C.O.D. Federal Sales Tax #: _____

Mandatory Purchase Order: YES NO Provincial Sales Tax #: _____

Financial Institution: _____ Account Number: _____

Contact: _____ Phone: (_____)_____

NAMES OF THREE (3) CURRENT SUPPLIERS:

Name:_____ Phone: (_____)_____ Fax: (_____)_____

Name: _____ Phone: (_____)_____ Fax: (_____)_____

Name: _____ Phone: (_____)_____ Fax: (_____)_____

1) PERSONAL LIABILITY AND TERMS OF PAYMENT

The undersigned, on behalf of the company, and in his personal capacity as director, principal shareholder and guarantor agrees to pay any and all company invoices and billings received from JOLAUTIM INC. In the event that the undersigned fails to pay upon the terms that will be given when the account is open, the undersigned shall pay service charges of 2% per month or 26,82% per year on all account past due until receipt of full payment. The guarantor or guarantors hereby expressly renounce to the benifit of division and discussion and acknowledge that the liability of the guarantor herein shall be principal, complete and absolute without regard for any liability of the lessee, or any other person. (The failure to pay within a 10 days period constitutes a formal demand for payment.)

2) CREDIT INFORMATION AUTHORIZATION

The company and myself authorize JOLAUTIM INC. to verify all information provided on this application. I also authorize the above-mentionned suppliers and bank to give to JOLAUTIM INC. all appropriate information to verify our credit rating. Also, the company and myself authorize JOLAUTIM INC. to give or discuss all appropriate and relative information to determine our credit rating. Management reserves the right to have additional requirements to open this account.

3) DAMAGES PAYED

Should this account need to be referred to a collection agent or a lawyer, in case of default of payment by the client, the client agrees to pay collection fees equivalent to 20 % of the balance owing in capital and interest in addition to paying the balance owing.

4) ELECTION OF DOMICILE

Should there be a change of owners and/or shareholders and/or members, the signatory or signatories must inform JOLAUTIM INC. of all derogations. For the purposes of this agreement, in case of a dispute, the parties have agreed upon the judicial district of Joliette, Quebec for election of domicile.

Name and residential address of an owner and/or a shareholder, or an authorized director:

Name:_____

Street: _____

City: _____

Province:_____ Postal Code: _____

Phone:(_____)_____

Name and residential address of an owner and/or a shareholder, or an authorized director:

Name: _____

Street: _____

City: _____

Province:_____ Postal Code: _____

Phone:(_____)_____

SIGNED THIS DAY, ON BEHALF OF THE BUSINESS, AND/OR THE COMPANY AND AS PERSONAL WARRANTOR OF THE OBLIGATIONS OF THE BUSINESS AND/OR COMPANY.

_____ Signature

_____ _____/_____/_____
Title Date

SIGNED THIS DAY, ON BEHALF OF THE BUSINESS, AND/OR THE COMPANY AND AS PERSONAL WARRANTOR OF THE OBLIGATIONS OF THE BUSINESS AND/OR COMPANY.

_____ Signature

_____ _____/_____/_____
Title Date