



Insight Canada Inc. 5410 Decarie, Montreal Qc, H3X 4B2

Credit Application

General Information

Company's Legal Name: _____ Doing Business As: _____

Address: _____ City, Prov.: _____

Postal Code: _____ Phone No: () _____ - _____ Fax No: () _____ - _____

Shipping Address: _____ City, Prov.: _____

Postal Code: _____ Shipping Phone No.: () _____ - _____

Name of Officers or Partners: (Please, provide the name(s) of all officers or partners)

1- Name: _____ Title: _____

2- Name: _____ Title: _____

Business Information

How Long in Business: _____ Date Started: ____/____/____ # of Stores: _____ # of Employees: _____

Is Location: Owned _____ Rented _____ Leased _____

If Subsidiary, Name of Parent Company: _____

Form of Business: Proprietorship _____ Partnership _____ Incorporated _____

Do you pay tax? Yes _____ No _____ Provincial Sales Tax Exemption No. _____ (Attach copy)

E-mail /Internet address _____ Accounts Payable Contact: _____ Extension _____

Electronic Invoice Email Recipient Address: _____

Purchasing Contact: _____ Accounts Payable email address _____

Trade References

1-Company Name _____ Tel _____ 2-Company Name _____ Tel _____

Credit Limit Required : \$ _____ Estimated Monthly Purchases Required : \$ _____

Leasing Information

Name of existing leasing Company _____ Do you have a Master Lease Agreement __Yes ___No

Leasing Contact within your organization: _____ Extension _____

Bank Information

Name of Bank: _____ Contact: _____

Address: _____ City, Prov. _____ Postal Code _____

Phone No.: (____) _____ Fax No.:(____) _____

Type of Account: Company Account: _____ Personal Account: _____ Account Number: _____

"Insight encourages electronic payments for quicker processing of your payments and orders"

Electronic Payment Information:

Bank: Toronto Dominion (Swift Code: TDOMCATT)

Address: 3590 Blvd. St-Laurent Montreal, PQ H2X 2V3

Account#: 40 0329364 Transit#: 47201-004 Remittance contact: icawire@insight.com

Terms and Conditions

Permission is herewith granted to obtain credit information from all listed references including my bank, as well as, to investigate the above mentioned Purchaser. All financial information submitted in support of this credit application is true and complete in all respects. I understand that Insight Canada Inc's (hereinafter called "Insight") terms are net 30 days from the date of invoice. Furthermore, I understand that my orders will not be shipped if my account is past- due, and that collection fees (including legal fees), and related costs are my responsibility in the event of my non-payment. Interest on past due accounts will be charged at the rate of 2% per month (24% per annum). I /We hereby authorize Insight to obtain personal and credit information about us and/or our company from any source (including Equifax Canada). Any legal proceeding with respect to any dispute will be tried in a Montreal, Quebec court of competent jurisdiction by Judge. By my /our signature(s) below, I/We acknowledge in this credit application, Insight's intent to obtain this information. I/We make this application on behalf of the above mentioned company and understand that the information contained within is for the explicit use of Insight and its subsidiaries. By executing this credit application, I/we on behalf of the Purchaser do hereby acknowledge having read and understood the foregoing terms and conditions outlined hereinabove and do, therefore, bind and oblige the Purchaser to the due fulfillment of same.

Authorized Signing Officer's Signature : _____

(duly authorized)

Name: _____ Title: _____ Date: _____

(print name)

For questions regarding this application call: (800) 467-4448 or (514) 344-3500. Fax back to:514-344-6446