

Champion Shavings Corporation
CUSTOMER CREDIT INFORMATION

DATE: _____

(mm/dd/yy)

_____ Corporation _____ Proprietorship _____ Partnership

CUSTOMER: _____
(Legal and Trade Name)

BILL TO ADDRESS: _____
(Street and PO Box)

(City, State, Zip)

SHIP TO: _____
(If Different) (City, State, Zip)

YEARS IN BUSINESS: _____ Other Trade Names: _____

TELEPHONE NUMBER: _____ FAX: _____

OWNERS NAME(S): _____

SOCIAL SECURITY NUMBER(S) (FOR CUSTOMS CLEARANCE): _____

FEDERAL TAX ID NUMBER (FOR CUSTOMS CLEARANCE): _____

HOME ADDRESS: _____
(Street, City, State, Zip, Phone)

ACCOUNTS PAYABLE CONTACT: _____ PHONE: _____

BANK: _____
(Bank Name, Phone & Fax Number)

ACCOUNT NUMBER: _____ BANK CONTACT: _____

FOUR MAJOR SUPPLIERS (Please include company name, contact and telephone numbers. Please do not give us the toll free number (1-800, etc), as those numbers usually do not work from Canada.

1. _____
2. _____
3. _____
4. _____

I hereby authorize Champion Shavings Corporation to contact the above listed bank, all credit bureaus, and suppliers as part of their normal credit investigation.

The undersigned agrees to full performance of all terms of all orders, contracts, and commitments heretofore and hereinafter entered into and agrees to pay to you forthwith when due upon demand thereafter, with interest of 2.5% monthly, compounded on the outstanding balance and all costs, reasonable attorney's fees of not less than 15% and expenses incurred by Champion Shavings Corporation in enforcing payment of any obligations or indebtedness.

SIGNATURE: _____ DATE: _____
PRINT NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____
PRINT NAME: _____ TITLE: _____

PLEASE FAX COMPLETED FORM BACK TO: 519-941-0337