



Please return by Mail / Fax / e-Mail to: **HI-LINE GIFT LTD.**
6340 Kestrel Road
Mississauga, Ontario, Canada, L5T 1Z3
Phone (905)564-2815 Fax (905)564-2816
E-Mail: info@hilinegift.com

Please complete the form, mail, fax or -email back to us. Thank you.

CREDIT APPLICATION FORM (Please print or type)

COMPANY INFORMATION

Legal Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Type of Business: Proprietorship: Partnership: Corporation:

E-Mail: _____ Years in Business: _____ Business Number: _____

APPLICANT INFORMATION

Owner's Name: _____ Phone: _____

Address: _____

E-Mail Address: _____ Title: _____

Accounts Payable Contact: _____ Phone: _____

E-Mail Address: _____ Fax: _____

TRADE REFERENCES

| Company Name | Phone # | Fax # | E-Mail Address: | How long dealing |
|--------------|---------|-------|-----------------|------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

The undersigned certifies the above information to be true and agrees to pay all accounts upon receipts, and further agrees to guarantee personally the payment of all monies which shall become due to HI-LINE GIFT LTD from the above named business. It is also understood that interest shall be computed on overdue accounts at 2% per month (being equivalent to an annual percentage rate of 24%). On default, the customer and any guarantors of the debts to be incurred agree that the lawyer's costs of recovering the debt are also payable on a solicitor and his own clients' basis. The undersigned also agrees that usual credit inquiries may be made at any time in connection with the credit hereby applied for.

Signature _____ Title _____ Date _____