



PO Box 294 Harrison Hot Springs, BC V0M 1K0

BUSINESS APPLICATION FOR CREDIT ACCOUNT & CREDIT OPERATING AGREEMENT

| BUSINESS INFORMATION | | | | | |
|---|--|------------------|--|-------------|--|
| Name of Business | | | | | |
| Mailing Address | | | | | |
| City / Town | | Province | | Postal Code | |
| Tel # | | Tel 2 / Cell # | | Fax # | |
| Delivery /Physical Address (if different from above) | | | | | |
| City / Town | | Province | | Postal Code | |
| Additional Delivery Information (Gate Code , etc...) | | | | | |
| Nature of Business | | | | | |
| Years in Business | | Payables Contact | | | |
| COMPANY, OFFICERS, PARTNERS, PRINCIPLES | | | | | |
| Name | | | | Title | |
| Address | | | | | |
| Name | | | | Title | |
| Address | | | | | |
| Name | | | | Title | |
| Address | | | | | |
| CREDIT INFORMATION | | | | | |
| Bank Name | | Account # | | Telephone | |
| Address | | | | City/Town | |
| TRADE REFERENCES (2 Required) | | | | | |
| Company/Name | | | | Telephone # | |
| Address | | | | Contact | |
| Company/Name | | | | Telephone # | |
| Address | | | | Contact | |

I agree Burden Propane Inc. may obtain, at its discretion, such information as it requires pertaining to the applicant's financial relations and may disclose financial information about the applicant to any credit reporting agency or to any person with whom the applicant has, or proposed to have financial relations. Additionally, if a credit account is approved for my use, then I further agree as follows:

- To pay the full amount of all invoices charged to my account, according to the terms specified on the invoice or by such other terms which may be authorized.
- To pay finance charge equivalent to 2% per month or 26.8% per annum on any amounts not paid in accordance with paragraph 1.
- BURDEN PROPANE INC. may cancel this agreement without notice in the event of any breach of any agreement by the applicant.
- BURDEN PROPANE INC. will not be liable if the credit card is not honored at any time.
- Applicant is responsible for all indebtedness resulting from the use of the credit card(s) until written notification of their loss of theft is received by BURDEN PROPANE INC.

SIGNATURE _____ NAME (Print) _____

TITLE _____ DATE _____

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