## **VENTURES** INTERNATIONAL PRODUCTS INC.

OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE **VENTURES** INTERNATIONAL PRODUCTS INC. TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL

RESPONSIBILITY.

#10 – 4751 SHELL ROAD, RICHMOND, B.C. V6X 3H4 website: www.venturesintl.com Ph: 604-273-1987, Fax: 604-273-1982, Toll Free: 1-800-663-0088, email: <a href="mailto:sales@venturesintl.com">sales@venturesintl.com</a>

|        | NEW APPLICATION |  |  |  |
|--------|-----------------|--|--|--|
|        | UPDATE          |  |  |  |
| ACCT # |                 |  |  |  |

| ACCOUNT PROFILE   |         |                   |         |   |      |         |            |  |  |
|---|---------|-------------------|---------|---|------|---------|------------|--|--|
| CORPORATION NAME:   |         |                   |         | SHIP TO ADDRESS:                              |      |         |            |  |  |
| TRADE NAME  |         |                   |         |   |      |         |            |  |  |
| ADDRESS   |         |                   |         |   |      |         |            |  |  |
| CITY  |         |                   |         |   |      |         |            |  |  |
| PROVINCE  |         | POSTAL CODE       |         | PHONE #                                       | FAX# |         |            |  |  |
| ATTN:   |         | <u>-</u>          |         | E-MAIL #1                                     |      |         |            |  |  |
| BUSINESS STARTED  |         | DATE INCORPORATED |         | PST EXEMPT NUMBER                             |      |         |            |  |  |
| NAMES & TITLES OF OFF   | FICERS  | \$                |         |   |      |         |            |  |  |
| NAME  |         |                   | TITLE   |   |      |         |            |  |  |
| NAME  |         |                   |         | TITLE   |      |         |            |  |  |
| IF NOT INCORPORATED, PLEASE SUPPLY THE FOLLOWING INFORMATION ON O   |         |                   |         |   |      |         |            |  |  |
| NAME ADDRES   |         | SS                |         |   |      |         | PHONE      |  |  |
|   |         |                   |         |   |      |         |            |  |  |
| NAME ADDRESS  |         |                   |         |   |      |         | PHONE      |  |  |
|   |         |                   |         |   |      |         |            |  |  |
| NAME ADRESS   |         |                   |         |   |      |         | PHONE      |  |  |
| ADDITIONAL INFORMATI  | ON:     |                   |         |   |      |         | l          |  |  |
| TYPE OF BUSINESS  |         |                   |         | HOW LONG IN OPERATION UNDER CURRENT OWNERSHIP |      |         |            |  |  |
| ESTIMATED MONTHLY CREDIT REQU   | JESTED  |                   |         | RELATED COMPANIES                             |      |         |            |  |  |
| FORMER BUSINESS NAME  |         |                   |         | LOCATION                                      |      |         |            |  |  |
| PURCHASER   |         |                   |         | ACCOUNTS PAYABLE CONTACT                      |      |         |            |  |  |
| ☐ ARE PREMISES OWNED I  | F OWNED | D, APPROX. VALUE  | MORTGAG | E IF LEASED, LANDLORD NAME & ADDRESS          |      |         |            |  |  |
| LEASED LEASED   |         |                   |         |   |      |         |            |  |  |
| IS MONTHLY STATEMENT REQUIRED   | 0?      | □ YES             |         |   |      |         |            |  |  |
| TRADE REFERENCES: (N  | MINIMU  |                   |         |   |      |         |            |  |  |
| NAME  |         | CITY/PROVINCE     |         | PHONE NUMBER                                  |      | FAX NUM | FAX NUMBER |  |  |
|   |         |                   |         |   |      |         |            |  |  |
|   |         |                   |         |   |      |         |            |  |  |
|   |         |                   |         |   |      |         |            |  |  |
| BANK INFORMATION:   | •       |                   |         |   |      | •       |            |  |  |
| NAME OF BANK  |         |                   |         | ACCOUNT NUMBER                                |      |         |            |  |  |
| STREET ADDRESS  |         |                   |         |   |      |         |            |  |  |
| CITY  |         | PROVINCE/POSTAL   |         | PHONE NUMBER CON                              |      | CONTAC  | ONTACT     |  |  |
| APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDNNCE WITH THE FOLLOWING TERMS: 1% 10, NET 30 DAYS FROM DATE OF INVOICE. 1.5% SERVICE CHARGE IS ADDED TO ALL PAST DUE INVOICES. IN THE EVENT OF NONPAYMENT, THE DEBTOR AGREES TO PAY ALL COLLECTION EXPENSES. |         |                   |         |   |      |         |            |  |  |
| THE ABOVE INFORMATION IS FOR THE PURPOSE OF BY  |         |                   |         |   |      |         |            |  |  |

SIGNATURE: \_\_\_