

AirQuest Mechanical Supply Ltd.
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

| | | | |
|-----------------------------|--------------|--------------|--------------|
| Name: | | Title: | |
| Company name: | | | |
| Phone: | Fax: | E-mail: | |
| Registered company address: | | | |
| City: | | Province: | Postal Code: |
| Date business commenced: | | | |
| Sole proprietorship: | Partnership: | Corporation: | Other: |

BUSINESS AND CREDIT INFORMATION

| | | | |
|---------------------------|------|-----------------------|--------------|
| Primary business address: | | | |
| City: | | Province: | Postal Code: |
| Telephone: | Fax: | E-mail: | |
| Bank name: | | | |
| Bank address: | | Phone: | |
| City: | | Province: | Postal Code: |
| Contact Name: | | | |
| <i>Type of account</i> | | <i>Account number</i> | |
| Savings | | | |
| Checking | | | |
| Other | | | |

BUSINESS/TRADE REFERENCES

| | | | |
|---------------|------|-----------|--------------|
| Company name: | | | |
| Address: | | | |
| City: | | Province: | Postal Code: |
| Phone: | Fax: | E-mail: | |
| Contact name: | | | |
| Company name: | | | |
| Address: | | | |
| City: | | Province: | Postal Code: |
| Phone: | Fax: | E-mail: | |
| Contact name: | | | |
| Company name: | | | |
| Address: | | | |
| City: | | Province: | Postal Code: |
| Phone: | Fax: | E-mail: | |
| Contact name: | | | |

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice. All unsettled balances after 30 days will be subject to 2% interest per month.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize AirQuest Mechanical Supply, Ltd. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

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| Name: Title: Date: | Please send to the attention of the Credit Manager: Fax: (902)446-8404 or Email: mt@airquestlimited.com |
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