



# APPLICATION FOR CREDIT

I/We apply for credit and agree that:

- Invoices issued by the ALS Group or its affiliates will be paid within 30 days of invoice date,
- On overdue accounts, the ALS Group may, without notice, withdraw credit facilities, withhold results and/or charge interest on past-due invoices at 1.25% per month (15% per annum),
- The ALS Group or it's agent or affiliates are authorized to obtain necessary credit reports or other information, and
- The information in this application is true and correct.

General

Name of Business \_\_\_\_\_

Legal Name (if different) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Prov/State \_\_\_\_\_ Pcode/Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Web site \_\_\_\_\_

Nature of Business \_\_\_\_\_ Country of Primary Activity \_\_\_\_\_

Year Business Started \_\_\_\_\_ # of Employees \_\_\_\_\_ PO#'s Required Yes No

Credit Requested (\$/Currency) \_\_\_\_\_ Please Open Acct. with Division: Minerals Environmental Tribology Coal  
Principals - please specify below individuals responsible for business transactions (directors, officers and/or managers)

Contacts

1. Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

3. Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

Accts Payable Contact \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax/Email \_\_\_\_\_

Ownership

Legal Structure \_\_\_\_\_ Privately-owned corporation \_\_\_\_\_ Publicly-owned corporation \_\_\_\_\_ Other - specify \_\_\_\_\_

Name(s) of associated businesses or persons who have previously dealt with ALS Group \_\_\_\_\_

Banking

Name of Bank \_\_\_\_\_ Bank Account # \_\_\_\_\_ Branch # \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Trade References: please list three trade references within the industry. If three trade references are not supplied, credit will be reconsidered after a cash account (paid by check, VISA or MasterCard) has been operating satisfactorily for three months.

References

1. Supplier \_\_\_\_\_ Tel # \_\_\_\_\_ Fax # \_\_\_\_\_

2. Supplier \_\_\_\_\_ Tel # \_\_\_\_\_ Fax # \_\_\_\_\_

3. Supplier \_\_\_\_\_ Tel # \_\_\_\_\_ Fax # \_\_\_\_\_

Signed

Name (Please Print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use

Branch/Contact \_\_\_\_\_ OpCo/Curr \_\_\_\_\_ C/L \_\_\_\_\_ Approved by/date \_\_\_\_\_

Return to: ALS Group, 2103 Dollarton Hwy, North Vancouver, BC V7H 0A7 Tel: (604) 984-0221 Fax: (604) 984-1809

Email: [accounting.canusa@alsglobal.com](mailto:accounting.canusa@alsglobal.com)