

CREDIT APPLICATION

This credit application is not considered valid unless all applicable information is completed.



BUSINESS TRADE NAME: _____ CONTACT: _____

ADDRESS OF BUSINESS: _____

CITY: _____ PROVINCE _____ POSTAL CODE: _____

TELEPHONE _____ FAX _____ EMAIL _____

TYPE OF BUSINESS
INCORPORATED SOLE PROPRIETORSHIP REGISTERED PARTNERSHIP

ONTARIO CORPORATE # (if incorporated): _____ VENDOR PERMIT #: _____

BUSINESS PREMISES:

OWN LEASE LANDLORDS NAME:

INDUSTRY CODE:

RETAILER WHOLESALER DISTRIBUTOR OTHER

OWNERS NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

NAME OF BANK: _____ ACCOUNT#: _____

BRANCH ADDRESS: _____ CITY: _____

PHONE: _____ FAX: _____ ACNT MGR.'S NAME _____

TRADE REFERENCES: (Please provide three)

NAME: _____ TELEPHONE: _____ FAX: _____

NAME: _____ TELEPHONE: _____ FAX: _____

NAME: _____ TELEPHONE: _____ FAX: _____

I, the undersigned hereby authorize Maypole Dairy Products Ltd., to obtain credit ratings from the above Trade References as well as any other Credit Information deemed necessary in the adjudication of this Credit Application. In consideration of engaging Maypole Dairy Products Ltd., to undertake the manufacture and shipping of Ice Cream and related supplies to my place of business I, the undersigned unconditionally guarantee payment to Maypole Dairy Products Ltd., of all debts; liabilities; or other payments arising from the performance of the services heretofore described and undertaken by Maypole Dairy Products Ltd.

DATED: This _____ day _____ of 2005 at _____

SIGNATURE: _____ (OWNER OF BUSINESS)