

| COMPANY INFORMATION | | | | | |
|---|------------------|---|---|--|-------------------------|
| <input type="checkbox"/> NEW ACCOUNT | | <input type="checkbox"/> EXISTING ACCOUNT | | LIMIT REQUESTED\$ | |
| COMPANY TYPE: (Please Circle) Proprietorship Partnership Incorporated Partnership Corporation Other _____ | | | | | |
| Company Name: | | | Legal Name: | | |
| Billing Address: | | | Ship to: | | |
| City or Town: | | | City or Town: | | |
| Province: | | Postal code: | | Province: | |
| Phone: | | Fax: | | Alt Phone: | |
| If operating less then 2 yrs previous Business Name: | | | | | |
| Nature of Business: | | | Yrs in Business: | | Po's Required: Yes / No |
| PST # | Exempt: Yes / No | | GST # | Please provide GST exemption Certificate | |
| Purchasing Contact: | | Phone: | | Fax: | |
| E-Mail: | | | | | |
| A/P Contact: | | Phone: | | Fax: | |
| E-Mail: | | | | | |
| METHOD OF RECEIVING: (Please circle) INVOICES: Email Fax Mail | | | STATEMENTS: (Please Circle) Email Fax Mail Not Required | | |
| PRINCIPALS (Owners, Partners or Corporate Officers) | | | | | |
| Name: | | Title: | Address: | | Phone: |
| Name: | | Title: | Address: | | Phone: |
| Name: | | Title: | Address: | | Phone: |
| BANK INFORMATION | | | | | |
| Bank: | | | Contact Name: | | |
| Address: | | | Phone: | | Fax: |
| TRADE REFERENCES | | | | | |
| Company: | | Contact: | Ph: | Fax: | |
| Company: | | Contact: | Ph: | Fax: | |
| Company: | | Contact: | Ph: | Fax: | |
| TERMS & CONDITIONS | | | | | |
| In consideration of Brunswick Steel, hereafter referred to as the "Company", granting credit to me/us on the purchase of merchandise, I/We agree to be bound by the following terms and conditions governing any and all such Credit purchases Namely: | | | | | |
| <ol style="list-style-type: none"> 1. The amount of indebtedness due 30 Days from the date of invoice and shall be payable immediately upon due date. Any amount due and not paid by the due date shall be charged a service charge of 1.5% per month compounded monthly or (18% per annum). 2. The "Company" will assess a handling charge in the amount of \$ 20.00 for any dishonored cheque received from the applicant. 3. Special Order items are non returnable 4. In connection with any application for credit, I/We authorize and consent to the "Company" conducting and/or causing to be conducted a credit investigation(s) and exchange(s) of credit information about me/us. I acknowledge that the "Company" may collect personal information and complies with the Personal Information Protection and Electronics Document Act and the policy can be located on its website at www.brunswicksteel.com. 5. In the event of default of payment on this account, I/We agree to be responsible for all collection costs incurred by the "Company" including & without limitation, all legal fees & disbursements. 6. The "Company" reserves the right to suspend or revoke the customers credit privileges at any time without notice to the applicant. Failure to comply with the above terms and conditions will result in immediate cancellation of all credit privileges 7. The title to materials will not pass until full payment is made. In consideration of selling steel related products & services, the purchaser hereby grants as security for credit terms, a Purchase Security Interest in all steel related products & services sold to the purchaser and a Security Interest in the balance of all the personal property which is in, or will be in the possession of the purchaser and its agent. The "Company" shall have all remedies available under the PPSA or other similar securities acts which includes the right to enforce remedies in accordance with the applicable law as a secured party. 8. I/We Am/Are the applicants) named herein or(an) authorized representative(s) of the business named herein. | | | | | |
| I/We warrant that all information contained herein to be correct and true and that I/We will notify the "Company" of any name/ trade name and/or legal name and/or address and/or changes in ownership at least 10 working days prior to such changes. | | | | | |
| Date: | | | Printed Name: | | |
| Title: | | | Authorized Signature: | | |

| CUSTOMER PROFILE (Please Circle) | |
|---|---------------------|
| 1. Delivery Hours: | |
| 2. Do you allow for: Partial Shipments OR Ship Orders Complete Other: | |
| 3. Do you allow for OVER-SHIP and UNDER-SHIP quantities for processed parts? Yes / No What Percentage % is typically acceptable for Over _____% and Under _____% | |
| 4. Do you require a Separate Packing List with every Purchase Order? Yes / No | |
| 5. What is your MAXIMUM Lift Weight? | |
| 6. Do you require Material Test Reports (MTR)? Yes / No If so, How would you like to receive them? E-Mail / Fax / with Shipment Address/Fax # | |
| Sales Information (Internal Use Only) | |
| Project Volume: | Sales Manager Notes |
| Project Margin: | |
| Suggested Limit: \$ | |
| Products Purchasing: | |
| Type of Contractor: | BM SIGNATURE: |
| Credit Department (Head Office Use Only) | |
| Date: | Notes: |
| Acc't # | |
| LIMIT \$ | |
| General Manager: | |
| Credit Manager: | |