

Confidential Credit Application and Agreement

with **Cookstown Greens Inc.**

6321 9th Line R.R. #3
Thornton, Ontario L0L 2N0

Phone: (705) 458-9077 Fax: (705) 458-1707 Email: admin@cookstowngreens.com

Operating Name			Legal Name		
Delivery Address:			Mailing Address (if different):		
Address			Address		
City	Province	Postal Code	City	Province	Postal Code
Accounts Payable Contact			Telephone	Fax	
I wish to receive statements by email / fax _____					
email address or fax #					

Name of Bank	Address	Telephone	Account / Transit #
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Owners if a proprietorship or partnership

Name	Residence Address	Telephone
Name	Residence Address	Telephone

Directors if a corporation

Name	Title	Telephone
Name	Title	Telephone
Name	Title	Telephone

Trade References (3):

Business	Contact	Address	Telephone
Business	Contact	Address	Telephone
Business	Contact	Address	Telephone

I hereby certify that the above information on this application is true and correct.
I agree that invoices are to be paid by the 15th of the month following each invoice.

Name	Title	Date	Signature
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