

TIER 1 TECHNOLOGY INC..

200 Connie Crescent Unit#1, Concord, Ont. L4K 1M1 Phone: (905) 660-7080 Fax: (905) 660-7023

CR	EDIT APPLICATION - INC	CORPORATED BUSI	NESS
LEGAL BUSINESS NAME			TELEPHONE NO.
MAILING ADDRESS (No. & Street)			FAX NO.
CITY & PROVINCE			POSTAL CODE
DELIVERY ADDRESS (if different than mailing address)			TELEPHONE NO.
NATURE OF BUSINESS YEARS IN	BUSINESS UNDER CURRENT OWNERS	HIP # of EMPLOYEES	ARE YOU GST EXEMPT? Yes No
NAMES OF PRINCIPALS POSITION PERCENTAGE OWNERSHIP			
1)			
2)			
CREDIT REFERENCES WHERE YOU HAVE 30 DAY CHARGE PRIVILEGES			
NAME _TELEPHONE# Fax#	ACCOUNT #	ADDRESS	
1)			
2)			
3)			
BANK			
** CREDIT LIMIT REQUESTED **	purchase orders req'd Yes No	ACCOUNTS PAYABLE CONTAC Name:	T Tel:
A CCOUNT A CREEMENT		Email:	
ACCOUNT AGREEMENT In consideration of <u>Tier 1 Technology Inc.</u> hereafter referred to as the "Company" granting credit for the purpose of purchasing products and/or services, I/we agree to be bound by the following terms and conditions governing any and all such Credit purchases namely:			
1. All purchases and services due 15 days from date of invoice. 2. Any amount due and not paid by the end of the due date, shall be charged a service charge calculated at the rate of 2% per month, compounded monthly.		date are not accepted unless agreed to in writing by the Company. 6. Any payment made in respect of a credit transaction shall be first applied to the accumulated service charge, and thereafter to the principal amount of the	
Effective annual yield is 26.82%. 3. All products shipped remain the property of the Company until paid in full. Upon request from the Company, I/we agree to immediately relinquish and return all unpaid equipment in its original condition to the Company.		outstanding debt. 7. The applicant agrees that the Company and/or its authorized agent may obtain consumer or other credit report(s) containing factual information in connection with this application, and I/we authorize the receipt and exchange of credit	
4. I/we agree to advise the Company of any defective product(s) and/or any disputed invoice(s) in writing within 10 days of receipt. Failure to notify the		information. 8. Company will assess handling charge in the amount of \$35.00 for any dishonoured cheque received from the applicant. 9. I/We hereby agree to indemnify the Company for all collection fees, legal fees and all other fees and expenses which the Company incurs should our account be in arrears.	
Company of any dispute and/or defective goods constitutes a complete waiver of any and all such disputes. 5. All products returned within 7 days from the shipping date are subject to 25% restocking fee. Returns after 7 days from shipping			
I/We acknowledge that I/we have read and fully understand the terms and conditions of this account agreement. This application is subject to the approval of the Company's Credit Department. I/We affirm that the information is true and correct.			
I AM THE APPLICANT NAMED HEREIN OR AN AUTHORIZED REPRESENTATIVE OF THE CORPORATION NAMED HEREIN.			
AUTHORIZED SIGNATURE			
DATE19	PRINT NAME AND TITLE		

Credit Limit

Date Opened

Account No.

OFFICE USE ONLY