

CREDIT APPLICATION

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MUXLAB INC. 2321 Cohen Street MONTREAL, QUEBEC, CANADA, H4R 2N7 Failure to fill in all blanks may delay processing. Attach most recent financial statement. Application must be signed by owner or duly authorized officer or partner.

PHONE: (514) 905-0588 FAX (514) 905-0589

SEND COMPLETED FORM BY FAX TO THE ATTENTION OF : MUXLAB CREDIT DEPARTMENT

| PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION: | | | | |
|--|-----------------|-------------------------------|-----|--|
| Firm Name: Te | lephone () | Web Site: | | |
| Trade Name: | Fax () | | | |
| Purchasing Contact: Te | lephone () | E-mail: | | |
| Billing Address: | | | | |
| City State Zip | | Country | | |
| Type of Enterprise: Corporation [] | Partnership [] | Proprietorship [] | | |
| Names of Principals and Titles: | | | | |
| 1 | 3 | | | |
| 2 | 4 | | | |
| Accounts Payable Contact: | Telephone () | E-mail: | | |
| Date Business Started Facilities Owned or Leased? | | | | |
| IRS #/G.S.T.# | | | | |
| Dun & Bradstreet # | | | | |
| Present Yearly Sales Volume: ☐ \$100,000 to | \$500,000 | □ \$5,000,000 to \$10,000,000 | | |
| ☐ Under \$50,000 ☐ \$500,000 to | \$1,000,000 | □ Over \$10,000,000 | | |
| □ \$50,000 to \$100,000 □ \$1,000,000 | to \$5,000,000 | | | |
| B | ANK REFERENCES | | | |
| *If less than 2 years, a second bank reference is required | | | | |
| CHECKING Bank | Bank | SAVINGS | | |
| Address | Address | | | |
| City State Zip | City | State | Zip | |
| Telephone () Fax () | Telephone (|) Fax () | | |
| Account Number | Account Number | | | |
| Account Name | Account Name | Account Name | | |
| Contact | Contact | Contact | | |
| E-mail | E-mail | | | |

TRADE REFERENCES

*Companies with whom credit has been established; three required

| 1. Firm Name | Type of Business | | | | |
|---|---|---|--------------------|--|--|
| Contact: | E-mail: | | | | |
| Address | City | State | Zip | | |
| Tel () Fax () | Payment Terms | Customer # | | | |
| 2. Firm Name | Type of Business | | | | |
| Contact | E-mail | | | | |
| Address | City | State | Zip | | |
| Tel () Fax () | Payment Terms | Customer # | | | |
| 3. Firm Name | Type of Business | | | | |
| Contact | E-mail | | | | |
| Address | City | State | Zip | | |
| Tel () Fax () | Payment Terms | Customer # | | | |
| SHIPPING | REQUIREMENTS | | | | |
| OUR COURRIER [] | MUXLAB'S COURRIER [] | | | | |
| Courier: | | | | | |
| Account #: | | | | | |
| | | | | | |
| We expect our monthly credit requirements from you to be approximately: \$ | | | | | |
| | | | | | |
| In consideration of the extension of credit and establishment of amounts due MuxLab for delivery of MuxLab products. If Mux pay all reasonable costs and expenses incurred in collection inclinterest thereon at the then maximum legal rate. By signing this agreement, applicant acknowledges payment wi are subject to interest charges at the maximum allowable legal r concerning our company that MuxLab may reasonably require. | Lab must take action to collect any balance owing uding, but not limited to, reasonable attorney's libe made according to quoted terms on invoice | ing, applicant a fees, court cost e. All past due | grees to s, and | | |
| Authorized Signature X | Title | Date | | | |