

Approved By:\_\_\_\_\_

1220 Corporate Drive Burlington ON L7L 5R6 Phone: (905) 631-8494

Fax: (905) 631-8495 Toll Free: 1-888-428-1220 Website: www.ictpower.com

| CREDIT APPLICATION FOR A BUSINESS ACCOUNT  |                |                 |             |
|--|----------------|-----------------|-------------|
| SECTION 1:   | BUSINESS CONTA | ACT INFORMATION |             |
| Title:   |                |                 |             |
| Company name:  |                |                 |             |
| Phone:   | Fax:           | E-mail:         |             |
| Registered company address:  |                |                 |             |
| City:  |                | Prov/State:     | Postal/Zip: |
| Date business commenced:   |                |                 |             |
| Sole proprietorship:   | Partnership:   | Corporation:    | Other:      |
| SECTION 2: BUSINESS AND CREDIT INFORMATION   |                |                 |             |
| Primary business address:  |                |                 |             |
| City:  |                | Prov/State:     | Postal/Zip: |
| How long at current address?   |                |                 |             |
| Telephone:   | Fax:           | E-mail:         |             |
| Bank name:   |                |                 |             |
| Bank address:  |                | Phone:          |             |
| City:  |                | Prov/State:     | Postal/Zip: |
| Type of account  | Account number |                 | ·           |
| Checking   |                |                 |             |
| Other  |                |                 |             |
| SECTION 3: BUSINESS/ TRADE REFERENCES  |                |                 |             |
| Company Name:  |                |                 |             |
| Address:   |                |                 |             |
| City:  |                | Prov/State:     | Postal/Zip: |
| Phone:   | Fax:           | E-mail:         |             |
| Type of account:   |                |                 |             |
| Company Name:  |                |                 |             |
| Address:   |                |                 |             |
| City:  |                | Prov/State:     | Postal/Zip: |
| Phone:   | Fax:           | E-mail:         |             |
| Type of account:   |                |                 |             |
| Company Name:  |                |                 |             |
| Address:   |                |                 |             |
| City:  |                | Prov/State:     | Postal/Zip: |
| Phone:   | Fax:           | E-mail:         |             |
| Type of account:   |                |                 |             |
| AGREEMENT  |                |                 |             |
| By signing this application, you are authorizing the banking and business/trade references listed in Section 3 to allow I.C.T. Power Company Inc. to conduct a credit check. |                |                 |             |
| SIGNATURES   |                |                 |             |
|  |                |                 |             |
| Title:   | Date:          | Title:          | Date:       |
| For Office Use Only:   |                |                 |             |

Date:\_\_\_\_\_ Credit Amount Approved \$\_\_\_\_