



#4-18925 94TH Avenue
Surrey, B.C. V4N 4X5
Tel: (604) 513-4429
Fax: (604) 513-4439

#113-30553 Great Northern Avenue
Abbotsford, B.C. V2T 0B6
Tel: (604) 756-2139 or

CREDIT AMOUNT REQUESTED:

\$ _____ (Monthly Purchases)

PLEASE READ AND SIGN REVERSE »»

CREDIT AGREEMENT

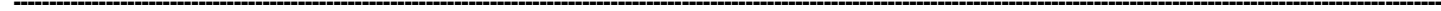
PLEASE READ BEFORE SIGNING

All of the information provided in this application is accurate and complete. I authorize Western Gasco Cylinders Ltd. to verify the accuracy of all the information contained in this application and to communicate with credit bureaus (credit on consumer reporting agencies) trade references or financial institutions with which you conduct business, in order to obtain any information necessary determine my solvency for the purpose of opening this account. This shall be a continuing authorization for all present and future disclosures of account information and credit experience on the applicant, made by Western Gasco Cylinders Ltd., or any person requested to release such information to Western Gasco Cylinders Ltd.

I understand and agree that all purchases charged to my Western Gasco Cylinders Ltd. account are payable 30 days following the date of invoice. In the event of late payment, I agree to pay finance charges of 2% per month, compounded monthly (26.82% per annum) on the unpaid balance from the invoice date on which they became past due. I understand and agree that this finance charge may be revised form time to time.

I understand and agree that my charge account privileges may be cancelled at any time at the discretion Western Gasco Cylinders Ltd.

By signing below I authorize Western Gasco to debit my credit card for all invoices 30 days past due. If the account is placed in default, the undersigned agrees to pay all costs thereof, including Attorney's fees, and court costs.



NOTE: CREDIT APPLICATION MUST BE SIGNED

APPLICANT (please print): _____

SIGNATURE: _____

TITLE: _____

DATE: _____



PERSONAL GUARANTEE (owner or co-owner)

I, _____ agree to be personally responsible for outstanding balances owing to Western Gasco Cylinders Ltd., whether or not the company I represent is a limited company. I further state that I have the signing authority to bind the company named above in this application.

DATE: _____ SIGNATURE: _____

WITNESS: _____

DRIVERS LICENCE # _____ S.I.N. #: _____



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OFFICE USE ONLY

DATE: _____

CREDIT APPROVED CREDIT LIMIT \$_____ CREDIT NOT APPROVED

CUSTOMER ACCOUNT NO. _____ SALES REPRESENTATIVE _____