

MRM METROLOGY INC.

1 Regan Road, Unit 1

Tel. 905 595 1000

Brampton, Ontario L7A 1B8

Accounting@MRMmetrology.com

CREDIT APPLICATION

COMPANY NAME: _____

ADDRESS: _____

TEL. No. (____) _____ - _____ FAX. No. (____) _____ - _____

E-MAIL: _____ WEBSITE: _____

CONTACT: _____ TITLE: _____

NATURE OF BUSINESS: _____

YEARS IN BUSINESS: _____ HST No. _____

TRADE REFERENCES:

1. Company: _____

Contact: _____ Tel. (____) _____ - _____

2. Company: _____

Contact: _____ Tel. (____) _____ - _____

3. Company: _____

Contact: _____ Tel. (____) _____ - _____

BANK INFORMATION:

Name of Bank: _____

Contact: _____ Tel: (____) _____ - _____ Email: _____

I hereby authorize MRM Metrology Inc. and its employees, officers, agents to obtain information from all the above-noted contacts for credit purposes.

AUTHORIZED COMPANY'S REPRESENTATIVE: _____

AUTHORIZED SIGNATURE: _____

TITLE: _____ DATE: _____