



Olympic Industries Inc.

402 – 221 W. Esplanade
North Vancouver, BC V7M 3J3

800-735-2115 / 604-985-2115

CREDIT APPLICATION & AGREEMENT

Date: _____

New account Update

LEGAL Company Name ("Applicant"): _____

Trade styles and affiliated companies: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Billing Address (if different) _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ In business since: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Legal Status: Sole Proprietor (Individual) Partnership Corporation LLC Other _____

FED ID/GST#: _____ State Tax or Exemption Certificate # _____

Accounts Payable Contact Name: _____ Phone: _____

Email Address for Invoices: _____ Invoice fax number: _____

NAME AND ADDRESSES OF PRINCIPALS (PLEASE PRINT)

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

BANK INFORMATION

Lender Bank

Bank Name: _____ Contact Name: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Fax: _____ Contact Email: _____

Savings Acct #: _____ Checking Acct #: _____

Loan Acct #: _____ Line of Credit Acct #: _____

Cash Management Bank (Deposit)

Bank Name: _____ Contact Name: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Fax: _____ Contact Email: _____

Account #: 1. _____ 2. _____ 3. _____

TRADE REFERENCES

Company: _____ Phone #: _____ Fax #: _____

Address: _____ Account#: _____

Company: _____ Phone #: _____ Fax #: _____

Address: _____ Account#: _____

Company: _____ Phone #: _____ Fax #: _____

Address: _____ Account#: _____

Company: _____ Phone #: _____ Fax #: _____

Address: _____ Account#: _____

In addition to the terms and conditions set forth below of this credit application, Olympic Industries Inc. (OI) is hereby authorized to investigate Applicant's credit history and financial responsibility from the references listed and from other sources from time to time. If applicant is a partnership or a sole proprietorship, authorization is granted to OI to investigate the personal credit history of the individuals named above which includes obtaining personal credit reports from various reporting agencies. OI may at any time cease further extensions of credit without notice.

Signature: _____ **Title:** _____
Authorized Signer

Print Name: _____ **Date:** _____

I hereby certify that I am duly authorized to sign this application for Applicant for the purpose of inducing Olympic Industries Inc. (OI) to extend credit to Applicant. I understand the information submitted herein as well as any financial information submitted to OI will be relied upon by OI for the extension of credit and is warranted to be true and accurate. **Applicant understands and agrees to OI's terms of sale which are .8% 10 Days after date of invoice (ADI), Net 11 ADF** unless otherwise stated. The discount is not allowed if payment is postmarked beyond the discount terms. Terms cannot be changed unless in writing by OI. Applicant agrees to pay all invoices when same become due. In the event an invoice is past due, the Applicant agrees to pay interest on the unpaid amount at a rate of 1½ % per month or the maximum amount permitted by law. It is further agreed that if it becomes necessary for the account to be placed in the hands of an attorney or collection agency, Applicant agrees to pay any and all costs of collection including reasonable attorneys' fees and all court costs. Parties agree that the laws of the Province of British Columbia will govern, without regard to its conflict of law's provisions. Any action brought in connection with this Agreement shall be brought only in the provincial or federal courts located in the Province of British Columbia. **TERMS & CONDITIONS:** The Terms and Conditions of all sales of goods to the applicant will be set forth in an Order Confirmation which incorporates the Seller's Order Confirmation Terms & Conditions appearing at www.olympicind.com.

Please return all pages along with the following attachments to the attention of Rick Secret, Credit Manager. All information provided will be held in strict confidence.

Email: rick.secret@olympicind.com **Secure fax number:** (604) 985-3984 **Phone:** (604) 985-2115

Return with Application: Current financial statement
Copy of your State Sales Tax Resale/Exemption Certificate
W9



AUTHORIZATION FOR BANK RELEASE OF CREDIT INFORMATION

I hereby authorize the release of information to Olympic Industries Inc. or Forest City Trading Group, their parent company, concerning loan, deposit, and related activity with:

Bank Name: _____
Loan Officer: _____ **Email:** _____
Address: _____
Phone: _____ **Fax:** _____

I understand this information shall be used only for the purpose of the extension of credit. This authorization shall be continuing in nature and may be used periodically to obtain updated information.

Authorized Signer: _____
Name: _____
Title: _____

From: Rick Secret
Credit Manager
rick.secret@olympicind.com
402 – 221 W. Esplanade
North Vancouver, BC V7M 3J3

800-735-2115 (toll-free)
604-985-3984 (direct fax)

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) © <input type="checkbox"/> Other (see instruction®)	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number	
OR	
Employer identification number	

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct

Sign Here	Signature of U.S. person ©
	Date ©

TIN. See the instructions on page 4.

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or

contributions you made to an IRA.
 Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S.

person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or • A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a