

CREDIT APPLICATION FORM

Please fill out, sign, and return this form by fax:

To: Labs-Mart Inc.
 Fax: 780-469-9080
 Date: _____

COMPANY

Name: _____
 Address: _____

 Phone: _____
 Fax: _____
 Date Found: _____
 Federal Tax ID#: _____

For LABS-MART Inc. Use Only

Account Number: _____
 Credit Limit: _____
 Date Approved: _____
 Approved by: _____
 Note: _____

Bank Name: _____
 Account Number: _____
 Address: _____
 Contact Person: _____ Title: _____
 Phone: _____ Fax: _____

TRADE REFERENCES

Company 1: _____ Phone: _____
 Contact Name: _____ Fax: _____
 Company 2: _____ Phone: _____
 Contact Name: _____ Fax: _____
 Company 3: _____ Phone: _____
 Contact Name: _____ Fax: _____

THE UNDERSIGNED APPLICANT

Agrees to pay all cost incurred within 21 days of invoice issued.

Certifies that all information submitted herein is complete and accurate.

Authorizes the above listed Bank and Trade References to release information to Labs-Mart Inc., for use in the evaluation of this credit application request.

Name: _____ Title: _____
 Signature: _____ Date: _____