



HARDEX BRAKES CORP.
 200-1311, Howe St., Vancouver, BC V6Z2P3
 Tel: 604-691-1775 Toll Free: 888-909-0808 Fax: 888-873-7090

CREDIT APPLICATION

APPLICANT (FIRM) _____

BILL TO:

Tel _____
 Fax _____

SHIP TO: (same unless indicated)

Tel _____
 Fax _____

Principals (Name & Title)

Anticipated Annual Volume: \$ _____
 Anticipated Monthly Volume: \$ _____
 Requested Credit Limit: \$ _____
 Duns Number: _____
 Tax ID _____

BANK REFERENCES

Bank	_____
Address	_____

Tel	_____
Fax	_____
Officer	_____
Bank	_____
Address	_____

Tel	_____
Fax	_____
Officer	_____
Bank	_____
Address	_____

Tel	_____
Fax	_____
Officer	_____

TRADE REFERENCES

Name	_____
Address	_____

Tel	_____
Fax	_____
Name	_____
Address	_____

Tel	_____
Fax	_____
Name	_____
Address	_____

Tel	_____
Fax	_____

I/We expressly consent to HARDEX BRAKES CORP. and/or other third party (On behalf) to obtain any reports containing credit or personal information that is required in obtaining credit from Hardex Brakes Corp. I/We declare that the information given on this application is true and accurate in every aspect. This declaration is made for the purpose of obtaining credit from Hardex Brakes Corp. and will remain confidential.

_____ Title _____ Date _____
 Authorized Company Representative