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DEALER APPLICATION

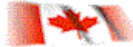
Corporation Name: _____ Account # (office use): _____

dba: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone #: _____ Fax #: _____ E-Mail Address: _____



Reporting Members

Required Information:

Owners, Partners, and/or Officers:

Name: _____

Title: _____

Name: _____

Title: _____

Business Structure: Sole Proprietor _____ Partnership _____ Limited Company _____

GST Number: _____ PST Number: _____ Corp. ID # _____

Year Established: _____

Bank Account Details:

Bank: _____ Address: _____

Phone: _____ Account Number: _____

Credit Requested: _____

Trade References – 3 Account References Required (Open):

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

Note: If newly established, please attach a copy of your opening statement or give pertinent financial data.

Release of Credit Information:

Declaration: I/we are an officer of the company and are authorized to make all statements on its behalf. The information of the company on this credit application is warranted to be true and correct. I/we hereby authorize Matrix Trading Company, or any of its agents, employees or any credit bureau, to investigate the references listed above and all statements, data and other information obtained and to obtain any reports about the company and its principals.

Initial: _____

Dealer Agreement Terms & Conditions:

Declaration: I/we acknowledge that Matrix Trading Company will charge 1.8% interest per month (18% p.a.) on all overdue accounts. I/we acknowledge that there may be a restocking charge of up to 25% of the value of the goods ordered and returned. All goods must have prior return authorization and a RA number and must be returned freight prepaid. All credit terms are strictly as per invoice.

Initial: _____

Personal Guarantee:

If the credit customer is a corporation, then those signing this application, whether signing as a officer or not, personally guarantee payment for all items purchased on credit by the corporation.

By: _____
Authorized signature of company officer

Please print name of authorized signatory

Title: _____

Date: _____

For office use only:

Sales Representative Firm: _____ Sales Rep Name: _____

Credit approved: _____

Credit terms given: _____

By: _____
Authorized Signature officer

Please print name of authorized signatory

Title: _____

Date: _____

**ONTARIO RETAIL SALES TAX
PURCHASE EXEMPTION CERTIFICATE**

Blanket

Date: _____

Business Name: _____

Name of Person Authorizing the Purchase: _____

Business Address: _____

Vendor Permit / IRP Cab Number (if applicable): _____

Reason for Claiming Exemption: _____

I am claiming the following exemption from Ontario retail sales tax under the provisions of the *Retail Sales Tax Act* on the purchase of taxable goods, taxable services, contracts of insurance or benefits plan:

- Taxable Goods or Taxable Services Purchased for Resale
- Machinery, Equipment, and/or Processing Material Purchased for Manufacturing
- Equipment, Tools, and/or Machinery used by a Person Engaged in Farming or Fishing
- Insurance/Benefit Plan
- Religious, Charitable and Benevolent Organization
- Hospital Equipment
- Identity Card Type and Number _____
- Other (please state exemption) _____

IMPORTANT

The person buying the taxable goods or taxable services, or entering into a contract of insurance or benefits plan for which an exemption is claimed must complete this certificate and give it to the supplier. The supplier is to keep this form as stated in the regulations.

Every person who makes a false statement on a Purchase Exemption Certificate or misuses the certificate is liable, if convicted, to a fine of not less than \$1,000 and an amount of not more than double the amount of the tax that should have been paid, or that was evaded, or to imprisonment for a term of not more than two years, or both.