



CASCADIA METALS LTD.

CDN Fax 204 727 3026

Credit Application

cust id: _____

Requested Credit:		Approved Credit:	
Legal Name of Business:			
Mailing Address:			Zip / Postal:
Shipping Address (if diff):			
City /Town:		State / Province:	
Office Telephone:		Office Facsimile:	
Cellular Phone:		U.S. Federal Tax I.D.#:	
G.S.T#:		P.S.T#:	
Contact (s):		Acct Payable Contact:	
Contact Email:		Invoices Email:	
Year Business Started:		No. of emp	Do you require P/O's? Y N
Co. Principals:	Name:	Position:	
	Name:	Position:	
Name of Financial Institution:			Phone#:
Address of Financial Institution:			
References: (They must be current, major suppliers)	Credit Limit	Fax # (no phone # please!)	

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

I / we hereby certify that the information in this credit application is correct. The information included in this credit application will be used by Cascadia Metals Ltd in determining the amount and conditions of the credit to be extended. I / we understand that Cascadia Metals Ltd may also utilize the other sources of credit which it considers necessary in making this determination. Further, I / we hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist Cascadia Metals Ltd in establishing a line of credit. This consent is given pursuant to Section 12 of the Personal Information and Reporting Act S.B.C. 1973. It is also agreed that we will share our Accounts Receivable information with Equifax and Dun & Bradstreet as part of our ongoing credit check on all our customers.

TERMS: NET 30 DAYS FROM DATE OF INVOICE UNLESS OTHERWISE STATED

Interest will be charged on overdue accounts at the rate of 2% per month / 24% per annum

***** Signature of an authorized signatory is mandatory before this credit application will be considered *****
I am authorized to sign on behalf of and bind the applicant & unconditionally accept this agreement and the conditions and terms contained therein.

* Signature of Authorized Signatory	Printed Name & Title of Authorized Signatory	Date

In the event that this form is electronically submitted, a typed signature will be considered as legally binding

Individual Personal Liability

The undersigned being _____ of the applicant limited liability company, agrees to assume personal liability for payment of the company accounts with regards to any purchase made from Cascadia Metals Ltd. It is further understood that credit would not be extended to the applicant without this assumption of liability.

Signature of Guarantor	Signature of Witness
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