



Digican Motion Controls Inc.

3539 St. Charles Street, Suite 171
Kirkland, Quebec, H9H-5B9
(514) 421-4244 • Fax (514) 684-0504
www.digicanmc.com

Credit Application Form

Please complete, sign, and return this form along with financial statements.

Company Information

| | | |
|---------------|-------------------------------|------------------|
| Company name: | Phone number: | Fax number: |
| Attention: | Email address: | |
| Address: | Digican ID number (if known): | |
| City: | State/Province: | Zip/Postal code: |

General Information

| | | | |
|---|-----------------|-------------------------|----------------------------|
| Officer: | Title: | Email address: | Phone number: |
| Company Composition <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Sub-Chapter S Corporation | | | |
| Corporation : (Federal, Provincial, State) | Federal Tax ID: | Dun and Bradstreet No.: | At present location since: |

Ordering Information

| | | | |
|--|--|-------------|----------------|
| Are written purchase orders required? Yes <input type="checkbox"/> No <input type="checkbox"/> | QST / PST Number or State Sales Tax ID | | |
| Purchasing Agent: | Phone number: | Fax number: | Email address: |
| Accounts Payable Contact: | Phone number: | Fax number: | Email address: |

Bank Information

| | | | |
|-------------------|-----------------------|-----------------|------------------|
| Bank Name: | Bank Contact Officer: | | |
| Phone number: | Fax number: | Email address: | |
| Address: | City: | State/Province: | Zip/Postal code: |
| Type of Accounts: | Account Nos.: | | |



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Credit References

| | | | |
|------------------------|--------------------|--------------------------------------|-------------------------|
| Company Name 1: | Contact: | How long doing business with? | |
| Address: | City: | State/Province: | Zip/Postal Code: |
| Phone number: | Fax number: | Email address: | |

| | | | |
|------------------------|--------------------|--------------------------------------|-------------------------|
| Company Name 2: | Contact: | How long doing business with? | |
| Address: | City: | State/Province: | Zip/Postal Code: |
| Phone number: | Fax number: | Email address: | |

| | | | |
|------------------------|--------------------|--------------------------------------|-------------------------|
| Company Name 3: | Contact: | How long doing business with? | |
| Address: | City: | State/Province: | Zip/Postal Code: |
| Phone number: | Fax number: | Email address: | |

| | | | |
|------------------------|--------------------|--------------------------------------|-------------------------|
| Company Name 4: | Contact: | How long doing business with? | |
| Address: | City: | State/Province: | Zip/Postal Code: |
| Phone number: | Fax number: | Email address: | |



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Terms and Conditions

All amounts are due and payable within 30 days of the billing date to an account designated in writing by Digican. In the event any amounts are not paid by the designated due date, Digican shall have the right to charge interest on any delinquent amount from the due date until the date paid at a rate equal to one and a half percent per month. In addition, the undersigned agrees to pay all costs of collection, including a reasonable attorney's fee.

Acceptance and Approval

Signing this agreement indicates your acceptance of the terms and conditions as stated. In addition, you authorize Digican to make any and all inquiries necessary to process this Credit Application.

| | | |
|---|----------------------|--------------|
| Name of authorized representative: | Title: | |
| Agreed and Accepted, Signed: | Phone number: | Date: |