

Memory Express Inc. 3305 - 32nd Street NE Calgary, AB T1Y 5X7 Phone: 403.398.4533 Fax: 403.313.2756 (Attn: Nim) E-mail: net30app@memoryexpress.com

<b>Net30 Credit Application Form</b> Please complete ALL fields. Missing information could delay your application.									
Business Information									
Legal business name:			Phone number:						
DBA / operating as:		-	Fax number:						
Date business established:			Street address:						
Business type:	Organisation Corporation		City:						
	Partnership Proprietorship	)	Province:						
Require PO# on orders:	Yes No		Postal code:						
Officer / Partner / Owner Information #1			Officer / Partner / Owner Information #2						
Full name:			Full name:						
Title:			Title:						
Phone number:			Phone number:						
Street address:			Street address:						
City:			City:						
Province:			Province:						
Postal code:			Postal code:						
Officer / Partner / Owner Information #3			Bank Information						
Full name:			Bank name:						
Title:			Location / branch:						
Phone number:			Phone number:						
Street address:			Fax number:						
City:			Contact name:						
Province:			Transit number:						
Postal code:			Account number:						
Trade Information #1			Trade Information #2						
Company name:			Company name:						
Location / branch:			Location / branch:						
Phone number:			Phone number:						
Fax number:			Fax number:						
Contact name:			Contact name:						
Credit Amount Requested			Sales representative						
Amount:			Name and store:						
that is required in obtaining cre	ORY EXPRESS INC. and/or VERI-CHEQU dit from Memory Express Inc. I/We de n is made for the purpose of obtaining pank rating on your account.	clare th	nat the information given on this appli	ication is true and accurate					
			Full name:						
Signature:			Title:						
-			Date:						
	The person signing this application must have	signing	authority for the bank account listed above.						



Shipping address #1          Name:         Phone number:         Fax number:         Fax number:         Street address:         City:         Province:         Postal code:         Shipping address #3         Name:         Phone number:         Fax number:         Street address:         City:         Phone number:         Phone number:         Phone number:         Province:         Province:         Province:         Province:         Province:         Prostal code:				<b>Net30 Credit Application Form</b> Please list any other addresses you will ship to using this Net30 account.											
Name:				Shipping address #2											
Fax number:         Street address:         City:         Province:         Province:         Postal code:         Shipping address #3         Name:         Phone number:         Fax number:         Street address:         City:         Province:         Province:         Province:         Postal code:				Name:											
Fax number:         Street address:         City:         Province:         Province:         Postal code:         Shipping address #3         Name:         Phone number:         Fax number:         Street address:         City:         Province:         Province:         Province:         Postal code:				Phone number:											
City: Province: Postal code: Postal code: Shipping address #3 Name: Phone number: Fax number: City: Province: Postal code:				Fax number:											
Province: Postal code: Shipping address #3 Shipping address #3 Phone number: Fax number: Street address: City: City: Province: Postal code: Postal code: City: Postal code: City: Province: Postal code: City: Postal code: City: Postal code: City: City: Postal code: City: Pistal code:				Street address:											
Postal code:				City:											
Shipping address #3 Name: Phone number: Fax number: Street address: City: Province: Postal code:				Province:											
Name: Phone number: Fax number: Street address: City: Province: Postal code:				Postal code:											
Name: Phone number: Fax number: Street address: City: Province: Postal code:				Shipping address #4											
Fax number:				Name:											
Fax number:				Phone number:											
Street address: City: Province: Postal code:				Fax number:											
Province: Province: Province:				Street address:											
Province: Province: Province:				City:											
				Province:											
Authorized Buyer #1				Postal code:											
Authorized Buyer #1															
				Authorized Buyer #2	2										
Name:				Name:											
Phone number:				Phone number:											
E-mail address:				E-mail address:											
Ship to address: #1	L #2	#3	#4	Ship to address:	#1	#2	#3	#4							
Authorized Buyer #1				Authorized Buyer #2	2										
Name:				Name:											
Phone number:				Phone number:											
E-mail address:				E-mail address:											
Ship to address: #1	L #2	#3	#4	Ship to address:	#1	#2	#3	#4							
Accounts Payable #1 Name: Phone number:				*There may				bank rating							
E-mail address:				i 1	ony	our acco	unt.								
Ship to address: #1															