



Remit to address: 150 English Drive  
 Moncton, NB, E1E 4G7  
 Tel:506-853-3057  
 Fax:506-853-6014  
 E-mail:mail@greystoneenergy.com

HST # 102200581 RT

**CREDIT APPLICATION**

|   |      |                         |
|---|------|-------------------------|
| Legal Business Name   |      |                         |
| Mailing address   |      |                         |
| City, Prov/State  |      | Postal Code/Zip:        |
| Shipping Address  |      |                         |
| Telephone #   |      | Fax #                   |
| Internet Site   |      |                         |
| IRS#  | GST# | PST/State Tax           |
| President   |      | Controller              |
| Payables Contact  |      | Purchasing Contact      |
| A/P Email:  |      | Pur. Email:             |
| Bank  |      | Account Number          |
| Address   |      |                         |
| Contact person  |      | Phone #                 |
| <b>TRADE REFERENCES</b>   |      |                         |
| Name:   |      | Phone                   |
| Address   |      | Fax                     |
| Name  |      | Phone                   |
| Address   |      | Fax                     |
| Name  |      | Phone                   |
| Address   |      | Fax                     |
| Nature of Firms Business  |      |                         |
| Years in Business   |      | No. Employees           |
| Annual Sales  |      |                         |
| Associated Companies  |      |                         |
| Do you require a monthly statement? Yes _____ No _____  |      |                         |
| <p>I AM AN OFFICER AUTHORIZED TO SIGN FOR THE APPLICANT COMPANY, AND I HEREBY AUTHORIZE GREYSTONE ENERGY SYSTEMS INC. TO OBTAIN SUCH CREDIT REPORTS OR OTHER INFORMATION AS MAY BE DEEMED NECESSARY ON THE AFOREMENTIONED COMPANY, ITS AFFILIATES OR PRINCIPALS IN CONNECTION WITH THE ESTABLISHMENT AND MAINTENANCE OF A CREDIT ACCOUNT OR FOR ANY OTHER DIRECT BUSINESS REQUIREMENT. ALL COSTS INCURRED TO COLLECT PAST DUE INVOICES WILL BE THE RESPONSIBILITY OF THE APPLICANT COMPANY.</p> <p style="text-align: center;"><b>***PAYMENT TERMS ARE NET 30 DAYS FROM DATE OF INVOICE - Will you be able to meet these requirements?<br/>         YES? ___ or NO? ___</b></p> |      |                         |
| <b>Date:</b> _____  |      | <b>Signature:</b> _____ |
| <b>Title:</b> _____   |      |                         |

|  |  |
|--|--|
| <b>Please select invoice receipt preference:</b>                                     |  |
| <input type="checkbox"/> Electronic PDF copy Recipients email address: _____         |  |
| <input type="checkbox"/> Mail hard copy  |  |
| <b>Please select preferred method of payment :</b>                                   |  |
| <input type="checkbox"/> Check   | <input type="checkbox"/> Telephone Transfer (TT) |
| <input type="checkbox"/> Electronic Payment (Bank info.available upon request)       | <input type="checkbox"/> Cash against Documents  |
| <input type="checkbox"/> Credit card (North America only: Master Card / VISA / AMEX) | <input type="checkbox"/> L/C                     |