



APPLICATION FOR CREDIT

I/We apply for credit and agree that:

- Invoices issued by the ALS Group or its affiliates will be paid within 30 days of invoice date,
- On overdue accounts, the ALS Group may, without notice, withdraw credit facilities, withhold results and/or charge interest on past-due invoices at 1.25% per month (15% per annum),
- The ALS Group or its agent or affiliates are authorized to obtain necessary credit reports or other information, and
- The information in this application is true and correct.

General

Name of Business _____

Legal Name (if different) _____

Street _____ City _____ Prov/State _____ Pcode/Zip _____

Telephone # _____ Fax # _____ Web site _____

Nature of Business _____ Country of Primary Activity _____

Year Business Started _____ # of Employees _____ PO#'s Required Yes No

Credit Requested (\$/Currency) _____ Please Open Acct. with Division: Minerals Environmental Tribology Coal
Principals - please specify below individuals responsible for business transactions (directors, officers and/or managers)

Contacts

1. Name _____ Title _____ Address _____

Telephone # _____ Fax # _____ Email _____

2. Name _____ Title _____ Address _____

Telephone # _____ Fax # _____ Email _____

3. Name _____ Title _____ Address _____

Telephone # _____ Fax # _____ Email _____

Accts Payable Contact _____ Telephone # _____ Fax/Email _____

Ownership

Legal Structure _____ Privately-owned corporation _____ Publicly-owned corporation _____ Other - specify _____

Name(s) of associated businesses or persons who have previously dealt with ALS Group _____

Banking

Name of Bank _____ Bank Account # _____ Branch # _____

Address _____ Telephone # _____ Fax # _____

Trade References: please list three trade references within the industry. If three trade references are not supplied, credit will be reconsidered after a cash account (paid by check, VISA or MasterCard) has been operating satisfactorily for three months.

References

1. Supplier _____ Tel # _____ Fax # _____

2. Supplier _____ Tel # _____ Fax # _____

3. Supplier _____ Tel # _____ Fax # _____

Signed

Name (Please Print) _____ Title _____

Signature _____ Date _____

Office Use

Branch/Contact _____ OpCo/Curr _____ C/L _____ Approved by/date _____

Return to: ALS Group, 2103 Dollarton Hwy, North Vancouver, BC V7H 0A7 Tel: (604) 984-0221 Fax: (604) 984-1809

Email: accounting.canusa@alsglobal.com