



Torch Repair & Sales Ltd.

CREDIT APPLICATION

COMPANY INFO

COMPANY INFO form with fields for COMPANY NAME, BUSINESS ENTITY, YEARS IN BUSINESS, HEAD OFFICE MAILING ADDRESS, CITY, PROVINCE, POSTAL CODE, PHONE, FAX, EMAIL, DELIVERY ADDRESS (IF DIFFERENT FROM ABOVE), CITY, PROVINCE, POSTAL CODE, PHONE, FAX, EMAIL.

PRINCIPALS (Partners/Owners/Officers)

PRINCIPALS form with fields for (1) NAME, PHONE, FAX, EMAIL, (2) NAME, PHONE, FAX, EMAIL.

TRADE REFERENCES

TRADE REFERENCES form with three sets of fields for BUSINESS NAME, ADDRESS, CITY, PROVINCE, POSTAL CODE, PHONE, FAX, EMAIL, COINACT NAME.

BANK INFORMATION

BANK INFORMATION form with fields for BANK NAME, ADDRESS, CITY, PROVINCE, POSTAL CODE, PHONE, FAX, EMAIL, HST #.

CREDIT TERMS

NET 30 DAYS FROM DATE OF INVOICE OR AS ESTABLISHED FROM TIME TO TIME. INTEREST WILL BE CHARGED ON OVERDUE ACCOUNTS. IN ORDER TO SUPPLEMENT THE INFORMATION CONTAINED HEREIN, I/WE AUTHORIZE YOU TO CONDUCT A PERSONAL INVESTIGATION AS MAY BE CONSIDERED NECESSARY AND I/WE AUTHORIZE ANY REPORTING AGENCY TO SUPPLY SUCH INFORMATION AS YOU REQUIRE

I AM THE APPLICANT HEREIN OR AN AUTHORIZED REPRESENTATIVE OF THE CORPORATION NAMED HEREIN

MONTHLY CREDIT AMOUNT REQUESTED form

PLEASE MAIL MY INVOICES TO MY:

HEAD OFFICE ADDRESS

DELIVERY ADDRESS

EMAIL ADDRESS

NAME (PLEASE PRINT CLEARLY)

DATE

SIGNATURE

Please fax to: 604.888.3849



**Torch Repair
& Sales Ltd.**

CYLINDER AGREEMENT

Between (customer)

| | | |
|-----------------------------|----------|-------------|
| COMPANY NAME | | |
| HEAD OFFICE MAILING ADDRESS | | |
| CITY | PROVINCE | POSTAL CODE |

And

Ron-Son's Torch Repairs and Sales Ltd. (RON-SON's)

In consideration of the use of RON-SON's provided Cylinder containing gases, the customer agrees to:

- Pay demurrage and/or rental on those cylinders at current rates
- Be solely responsible for the safe custody and use of the cylinders. Valve attachments, pressure gauges, regulators, or gas controlling and consuming devices of appropriate and efficient design and safe construction should be used
- Do not permit any persons except an authorized representative of RON-SON's to tamper with the cylinder supplied
- Take all necessary precautions to ensure that no foreign substances whatsoever enter the container
- Indemnify RON-SON's from and in respect of all loss or damage to such containers from however caused except from fair wear and tear.

In the event any cylinder(s) are destroyed or damaged beyond repair, lost or stolen, or the customer is unable to account for the whereabouts of the cylinder in his/her possession within seven days after RON-SON's has requested from the customer information relating to the whereabouts thereof, the customer agrees to pay, at RON-SON's current rates for cylinder replacement value, for all such cylinder(s) unaccounted for.

DATE

Customer:

NAME (PLEASE PRINT CLEARLY)

TITLE

SIGNATURE

RON-SON's Torch:

OFFICER NAME

SIGNATURE

Please fax to: 604.888.3849