



Box 130
FOAM LAKE, SASK. SOA 1A0
PH: (306)272-6284 FX: (306)272-6283 email: info@milliganbiotech.com

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		Prov:	Postal Code:
Date business commenced:		GST#	PST#
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		Prov:	Postal Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		Prov:	Postal Code:
Type of account	Account number:		
	\$ Credit Requested:		

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		Prov:	Postal Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		Prov:	Postal Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		Prov:	Postal Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Milligan Bio-Tech Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title: Date:	Title: Date:
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