

GREAT LAKES COPPER INC.

1010 Clarke Road
London, ON N5Y 5S6
Telephone (519) 455-0770 Facsimile (519) 455-0624



APPLICATION FOR CREDIT & CREDIT AGREEMENT

COMPANY NAME: _____ PHONE: _____
BILLING ADDRESS: _____ FAX: _____
STREET ADDRESS: _____ CITY, PROV., P. CODE: _____
NAME OF PARENT CORP., IF ANY: _____
ADDRESS OF PARENT CORP.: _____ CITY, PROV., P. CODE: _____
INVOICES PAID BY: _____ LOCAL OFFICE _____ PARENT OFFICE _____

COMPANY OFFICERS/OWNERS: CORP. PARTNERSHIP PROPRIETORSHIP

NAME: _____ PROV. & DATE OF INC.: _____
ADDRESS: _____ TYPE OF BUSINESS: _____
CITY, PROV., P. CODE: _____ PERSON IN CHARGE _____
NAME: _____ OF ACCT. PAY.: _____
ADDRESS: _____ CONTROLLER: _____
CITY, PROV., P. CODE: _____ PHONE: _____
FAX: _____
E-MAIL ADDRESS: _____

MISCELLANEOUS INFORMATION:

DO YOU CLAIM A PROVINCIAL SALES TAX EXEMPTION: YES NO (IF YES, SUBMIT EXEMPTION
FINANCIAL STATEMENT ATTACHED: YES NO CERTIFICATE WITH APPLICATION)
CREDIT LIMIT REQUESTED: \$ _____

BANK REFERENCE:

NAME: _____ PHONE: _____
ADDRESS: _____ FAX: _____
CHEQUING ACCT. NO.: _____ OFFICER: _____
LOANS: _____

TRADE CREDIT REFERENCES:

1. NAME: _____ PHONE: _____
FAX: _____
ADDRESS: _____
CITY, PROV., P. CODE: _____
2. NAME: _____ PHONE: _____
FAX: _____
ADDRESS: _____
CITY, PROV., P. CODE: _____
3. NAME: _____ PHONE: _____
FAX: _____
ADDRESS: _____
CITY, PROV., P. CODE: _____
4. NAME: _____ PHONE: _____
FAX: _____
ADDRESS: _____
CITY, PROV., P. CODE: _____

CREDIT AGREEMENT Your signature(s) below mean(s) that in consideration of Great Lakes Copper Inc. extending credit to you, you agree to the following terms of this agreement:

1. Great Lakes Copper Inc. will assign you a maximum credit line and has the right to reduce or withdraw your credit privilege under the credit agreement at anytime.
2. Great Lakes Copper Inc. will issue invoices for purchase made under the credit agreement. Payment of the purchase price shall be made pursuant to the terms set forth on each invoice. All invoices and order acknowledgements shall carry terms.
3. If your account becomes delinquent and remains that way in excess of sixty (60) days, all credit privileges may be cancelled.

My signature on the credit agreement and our use of the account constitutes our consent to the terms and conditions of the account and the credit agreement. Everything I have stated in this application is correct to the best of my knowledge. You are authorized to check our credit history, to answer questions about our credit experience, and to confirm the information on this application with my bank. We hereby acknowledge receipt of a copy of this credit agreement.

DATE _____ SIGNATURE OF PRESIDENT, OFFICER OR OWNER _____ TITLE _____