

Hollander Glass Canada Inc.

Architectural Glass Wholesalers
to the Trade

Wholesale Buying Application and Purchasing Policy

Since we are strictly a distributor to the glass industry, we are careful not to send our wholesale pricing to unqualified customers. We do this to protect our valued customer base.

All information submitted is confidential and intended for the sole use of Hollander Glass Canada Inc. Using your Web Browser's print button, please print, then complete all parts of this form, and return it to Hollander Glass Canada Inc. along with:

- > Your business card
- > Letterhead or advertising indicating a glass business
- > A copy of your Provincial tax license (if your province does not have a Provincial sales tax, a copy of your Federal or Provincial business registration may be substituted)
- > Business registration from your town or municipality which reflects a glass retail outlet, or related business

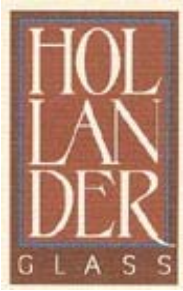
Additional requirements...

- > A business account with your financial institution (copy of a void business cheque)
- > Purchases are done using business cheques, Visa, Mastercard and Debit Card.
Personal cheques are not accepted.

To mail your application, send to : Hollander Glass Canada Inc.
3095 Universal Drive,
Mississauga, Ontario
Canada L4X 2E2

or fax your application to : (800) 268-9355 (in Canada)
(905) 625-6759 (International)

Please complete the form on the following pages.



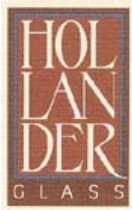
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**Wholesale Buying Application and Purchasing Policy Continued...
(This is not a credit application).**

Part One - Company Information		Application Form
Today's Date:		
Your Name:		
Title:		
Legal business name:		
"Operating as" name:		
<i>Please circle one:</i>	Corporation	Partnership Proprietorship
PST Certificate Number: (if you are an Ont. Resident)		
Name of contact person:		
Mailing address:	Street address:	
	City:	Province: Postal Code:
Shipping address (if different from mailing address):	Street address:	
	City:	Province: Postal Code:
Phone number:		
Fax number:		
Email:		
Website address:		
Date business established:		
Primary business activity:		
Names of additional authorized buyers:		

Form continued on the following page...



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Wholesale Buying Application and Purchasing Policy Continued...

Part Two - Business Information		Application Form	
Type of Business: <i>Please check all that apply.</i>			
<input type="checkbox"/>	Door and window manufacturer		
<input type="checkbox"/>	Glass and mirror outlet		
<input type="checkbox"/>	Retail stained glass store (selling supplies and finished product)		
<input type="checkbox"/>	Producer of finished product for sale to public		
<input type="checkbox"/>	Plate glass or auto glass dealer		
<input type="checkbox"/>	Cabinet or furniture maker		
<input type="checkbox"/>	Other (please specify):		
Type of Work Done in Shop: <i>Please check all that apply.</i>			
<input type="checkbox"/>	Windows / Panels / Doors	<input type="checkbox"/>	Sandblasting / Etching
<input type="checkbox"/>	Gift Items	<input type="checkbox"/>	Blown glass
<input type="checkbox"/>	Fusing / Slumping	<input type="checkbox"/>	Teaching classes
<input type="checkbox"/>	Selling Supplies	<input type="checkbox"/>	Art / Craft / Mall shows
<input type="checkbox"/>	Other (please specify):		
Location of Business: <i>Please check all that apply.</i>			
<input type="checkbox"/>	Storefront in retail business area	<input type="checkbox"/>	In-home location
<input type="checkbox"/>	Workshop in commercial/industrial area		
Number of Employees: <i>Please check one.</i>			
<input type="checkbox"/>	2 - 5	<input type="checkbox"/>	10 - 19
<input type="checkbox"/>	6 - 9	<input type="checkbox"/>	20+
Annual sales volume: <i>Please check one.</i>			
<input type="checkbox"/>	Less than \$10,000	<input type="checkbox"/>	\$50,000 - \$100,000
<input type="checkbox"/>	\$10,000 - \$25,000	<input type="checkbox"/>	\$100,000 - \$250,000
<input type="checkbox"/>	\$25,000 - \$50,000	<input type="checkbox"/>	\$250,000+
Source of Enquiry: <i>Please check one.</i>			
<input type="checkbox"/>	Magazine ad	<input type="checkbox"/>	Referral
<input type="checkbox"/>	Mailing	<input type="checkbox"/>	Canada 411
<input type="checkbox"/>	Internet (Please specify)		
<input type="checkbox"/>	Other (Please specify)		

If applicable, please also complete the Ontario Retail Sales Tax Purchase Exemption Certificate.

Hollander Glass Canada Inc.