



ACCOUNT APPLICATION FORM

**Required to expedite account processing*

COMPANY INFORMATION						Please complete in full. Please print clearly in ink.
CUSTOMER NAME <small>(Business and Legal Names)</small>						
INVOICE MAILING ADDRESS	<small>CITY</small>	<small>PROV</small>	<small>POSTAL CODE</small>			
SHIP TO ADDRESS <small>(If different from mailing address)</small>	<small>CITY</small>	<small>PROV</small>	<small>POSTAL CODE</small>			
* RECEIVING HOURS	* TAILGATE REQUIRED			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

CONTACT INFORMATION			
CONTACT NAME	TELEPHONE NUMBER		
FAX NUMBER	EMAIL ADDRESS		

ADDITIONAL INFORMATION					
CREDIT LIMIT REQUESTED	PST EXEMPTION NO.				
TYPE OF BUSINESS / SIC NO.	PROPRIETORSHIP <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	INCORPORATED <input type="checkbox"/>		
PARENT CO. NAME / AFFILIATED COMPANIES					
BUSINESS PROPERTY OWNED OR LEASED	DATE BUSINESS STARTED (DD/MM/YY)	ARE P/OS MANDATORY FOR ALL PURCHASES?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

TRADE REFERENCE INFORMATION					
1) COMPANY NAME					
ACCOUNT NUMBER	CONTACT PERSON				
TEL. #	FAX #	EMAIL			
2) COMPANY NAME					
ACCOUNT NUMBER	CONTACT PERSON				
TEL. #	FAX #	EMAIL			

BANK INFORMATION			
BANK NAME	ACCOUNT NUMBER		
CONTACT PERSON			
TEL. #	FAX #		
BRANCH ADDRESS	DATE ACCOUNT ESTABLISHED (DD/MM/YY)		

OWNER / PRINCIPAL INFORMATION					
NAME	TITLE	HOME TEL. #			
RESIDENCE ADDRESS	<small>CITY</small>	<small>PROV</small>	<small>POSTAL CODE</small>		
NAME	TITLE	HOME TEL. #			
RESIDENCE ADDRESS	<small>CITY</small>	<small>PROV</small>	<small>POSTAL CODE</small>		

OFFICE USE ONLY						
BRANCH	SALES PERSON	CUSTOMER CODE	CREDIT LIMIT	PAYMENT TERMS	AUTHORIZED SIGNATURE	DATE APPROVED

Please fax back to: 604-607-4446 or email: margiea@eddiswholesale.com

TERMS AND CONDITIONS

THE UNDERSIGNED HEREBY: (1) Understands that all merchandise shall remain the property of Eddi's Wholesale. until the account has been paid in full (2) Accounts are due and payable 30 days from the date of invoice unless otherwise specified on the invoice (3) A Return Authorization (RA) must be obtained in accordance with the Return and Freight Policy found in our current product catalogue and the RA# must be referenced (4) Goods returned will be subject to inspection and a restocking charge in accordance with the Return and Freight Policy found in our current product catalogue (5) Notification of changes of address of company or principals must be given to Eddi's Wholesale. within seven [7] days (6) A photocopy or facsimile or electronic copy of this application will be considered a valid document in case of disputes (7) In the event of a default in payment, the customer will pay attorney's fees and court costs incident to any formal collection proceedings that may be required (8) Certifies the information contained in all parts of this document to be correct (9) Accepts as notice in writing of and consents to the obtaining of credit and/or any other information as may be required at any time in connection with the account hereby applied for and to the disclosure of any credit information concerning the Customer and/or principals with any credit reporting agency, credit bureau or any person or corporation with whom the Customer has or proposes to have financial relations (10) Agrees to pay a \$25.00 service charge for any cheques returned unpaid by the bank for any reason (11) In consideration of Eddi's Wholesale. extending credit to a corporation or proprietorship. I hereby authorize the indebtedness of the corporation or proprietorship to Eddi's Wholesale. (12) Account privileges may be suspended without notice, should the account be in default, in whole or in part at any time.

The undersigned warrants that he/she has read and accepts the terms and conditions noted above and in our current catalogue.

* CUSTOMER'S SIGNATURE	* PLEASE PRINT NAME	* TITLE	DATE

FINANCE CHARGES

Overdue accounts subject to 2% per month (24% per annum) service charge.

The undersigned warrants that he/she has read and accepts finance charges noted above and in our current catalogue.

* CUSTOMER'S SIGNATURE	* PLEASE PRINT NAME	* TITLE	DATE

GUARANTEE

I/We _____ hereby jointly and severally personally guarantee that all financial obligations, present or in the future, owned by _____ (the Company) a body corporate, to Eddi's Wholesale. (the Supplier) will be paid forthwith by personal means should the Company default on its obligations, intentionally or otherwise, to the Supplier. I/We further authorize by my signature affixed hereto the release of any requested information to Eddi's Wholesale. with respect to any credit checks deemed necessary.

The undersigned warrants that he/she has read and accepts the personal guarantee.

* CUSTOMER'S SIGNATURE	* PLEASE PRINT NAME	* TITLE	DATE

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