

PLEASE INCLUDE: COPY OF VALID BUSINESS LICENSE
AND FAX TO: 604-321-9958 COPY OF PST CERTIFICATE

CUSTOMER INFORMATION		
Business Name:		
Legal Name (If different):		
Address:		
City:	Province:	Postal Code:
Tel:	Fax:	Cel:
Date Business Established:	Net Worth of Business:	Building: Lease () Own ()
Type of Business:	Website:	Email:
Shipping Address (If Different)		
Address:		
City:	Province:	Postal Code:
Business Type: () Sole Proprietor () Partnership () Corporation () Cooperative () Others		
PST #:	GST #:	
Principal(s) / Officer(s) / Partner(s)		
Owner/President:	Social Insurance Number:	
Residential Address:	Residential Phone:	
Owner/Vice President:	Social Insurance Number:	
Residential Address:	Residential Phone:	
BANKING INFORMATION		
Bank Name:	Address:	
City:	Province:	Postal Code:
Account #	Contact:	Tel:
MAJOR TRADE REFERENCES		
1. Company	Tel:	Fax:
2. Company	Tel:	Fax:
3. Company	Tel:	Fax:

Credit Terms/Conditions (Please read section: Terms & Conditions for full disclosure before signing below)

• It is hereby agreed that invoices are payable within thirty (30) days. • It is hereby understood that a service charge of 2% per month will apply on all overdue accounts. • It is hereby understood that merchandise returned for credit will not be accepted without prior authorization and that a 30% restocking charge will be assessed. • It is hereby understood that delinquent accounts are subject to cancellation without notice with subsequent third party action. • It is hereby understood and agreed that any legal and collection costs incurred by Quality Wholesale Ltd in and about the collection of the account when overdue shall be borne by the customer. • It is hereby understood and agreed that an investigation of your credit history may be carried out in conjunction with this application. • I/We hereby authorize Quality Wholesale Ltd to obtain credit reports or other information as may be deemed necessary in connection with the establishment & maintenance of a credit account or any other direct business requirements. • I/We also authorize the disclosure of any credit information concerning the undersigned to any credit reporting agency or to a bank or trade supplier with whom I/we purport to have financial relations. I have been informed by Quality Wholesale Ltd or its representative that my personal information is collected used and disclosed for the following purposes (1) Collect credit and related financial information to determine specific financial services I have requested (2) to share the information with credit agencies or other financial institutions as may be appropriate (3) to share the information with suppliers to Quality Wholesale Ltd to facilitate providing appropriate product information.

I/WE HAVE READ, AGREED TO AND INITIALED THE TERMS AND CONDITIONS SET FORTH BY QUALITY WHOLESale ON THE REVERSE OF THIS FORM.

SIGNATURE: _____ DATE: _____

NAME (PLEASE PRINT): _____ TITLE: _____

Personal Guaranty (required for Sole Proprietors, Partnerships, Corporations, and Cooperatives) required for credit:

• I, _____, do jointly and severally, guarantee the obligation of _____ ("Applicant") to Quality Wholesale Ltd., on the terms set forth in this Credit Application and those set forth in any invoice from Quality Wholesale Ltd. I shall be bound by all applicable terms in these documents. Quality Wholesale Ltd. may collect from me amounts due from Applicant without the requirement that it exhaust its remedies against Applicant or any other guarantor. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of Quality Wholesale Ltd. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the agreement for credit hereby granted.

GUARANTOR SIGNATURE: _____ GUARANTOR SIGNATURE: _____