CREDIT APPLICATION FOR NON-MEMBERS



The undersigned wishes to become a non-member of WESTERN DRUG DISTRIBUTION CENTER LIMITED, a co-operative incorporated under "The Co-operative Associations Act" and continued under the Cooperatives Act of the Province of Alberta.

The undersigned has read the qualifications To Purchase under a "Non-Member/Customer Status" and that he/she otherwise meets the requirements to purchase products and agrees to abide by the qualifications.

| | D A | ATED this: | day of | | _20 |
|--|-----------------------------|------------------------------|-------------------|-------------------------|------------------|
| LEAD PRACTICE IN | NFORMATION 1 | | | | |
| Legal Business Name: | | | | | |
| attached is Certificate of | Incorporation | ny is listed as Professional | l Corporation 🗖 I | am a sole propri | ietor (provide S |
| Sole Proprietor requires a so | ocial insurance number to l | be held in confidence at V | VDDC | | - ⁻ |
| Actual Clinic Name: | | | | | |
| Corporate RC # tax number (registered corporation #) (RC#) | | | | | RC000 |
| Main shipping Address: | | | | | |
| Bay#: City: | | Prov: | | Postal Code: _ | |
| Celephone Number: (|) | Fax: () | | | |
| Main clinic email: | 1 | main clinic contact(s): | | | |
| Shipping Preference: | Purolator □ Loomis □ | ATS | | | |
| Main <i>mailing</i> Address (if d | ifferent than above): | | | | |
| 3ox#: City: | | Prov: | | Postal Code: _ | |
| PRINCIPAL(S) / OFFICI | ER(S) | | | | |
| Last Name | First Name | Title/Position* | %Ownership | Provincial License # | |
| • | | | | | |
| /• | | | | | |
| | | | | | |
| Sag: DVM / Office manage | er / Technician / | | | | |

Corporate – Head Office 17611 109A Avenue Edmonton, Alberta T5S 2W4 **Edmonton Distribution Center** 17611 109A Avenue Edmonton, Alberta T5S 2W4

Winnipeg Distribution Center 1600 Inkster Boulevard Winnipeg, Manitoba R2X 2W4

ISO 9001 CERTIFIED

Admin. (780) 413-2508 • Order Desk (780) 413-2163/1-877-746-9332 • Fax (780) 413-2530 • Toll Free Fax 1-800-329-9332

Website: http://www.wddc.com • e-mail: mservice@wddc.com • e-mail: mservice@wddc.com

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BUSINESS INFORMATION

| Year Business Started: | 20 | Year Present Ownership Establis | ned: 20 |
|---|---|--|--|
| Clinic Type: ☐ Large Animal | ☐ Companion Animal | l □ Mixed Animal (% CA | % LA) □ Equine □ Other () |
| Practice Management Software | used: | | |
| Internet Capable: ☐ Yes | □ No Website info | o: | |
| Expected Monthly Purchases: | Exţ | pected Yearly Purchases: | |
| established (over a period of one accepted (eg: EFT, cheques, on | to complete a credit can e year or otherwise deter line banking or pre-auth | rmined by WDDC finance department horized). | ttached). Once credit history has been) then other methods of payment will be |
| A prompt payme | | Fore GST) is given to members that are cur | |
| | PAYAI | BLES CONTACT INFORMATION | |
| Contact person: #1 | | #2 | |
| Phone #: () | ext# | Fax #:() | |
| EMAIL #1: | EM | AIL #2: | |
| All information pertaining to credit | t cards, social insurance o | and home phone numbers will be held in a | secure location within WDDC. |
| authorize WDDC to obtain all credi share such information with credit product to me. For Non-member ac with this application. Orders must be | t and other necessary personagencies and veterinary accounts WDDC does require processed on this credit | onal information from credit agencies and associations in order to accept this Application ire a valid credit card and credit card payreard before the product can be processed in the product | me may be set forth in the WDDC online catalog. I veterinary associations that it deems necessary, and to cation and in order for WDDC to continue to supply nent authorization form to be completed and included for shipping. e, for the purposes of: a) establishing and maintaining |
| effective responsible relations with requirements to ensure adequate sup | customers and veterinary a pplies of inventory from s ing products and services; | associations; b) understanding customers' uppliers/manufacturers; c) ensuring customers | needs and preferences for their future products/service mer information is accurate and up-to-date in order to aud; e) developing, marketing and enhancing products |
| | | PAYMENT TERMS | |
| | | | laced between the 16 th to the 30 th of any given month every month. Title does not pass from WDDC until |
| | | | as the Lead Practice on this Application will be solely o advise WDDC of any change of ownership of any |
| | | ncur a 0.75% interest charge per statement been made. Any charge backs are subject | t period (19.64% per annum). Shipments on past due to a \$25.00 service charge. |
| Authorized Signature(s) | X | | |
| Corporate – Head Off 17611 109A Avenue Edmonton, Alberta T5 | | Edmonton Distribution Center 17611 109A Avenue Edmonton, Alberta T5S 2W4 | Winnipeg Distribution Center 1600 Inkster Boulevard Winnipeg, Manitoba R2X 2W4 |

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Your Center accepts MASTERCARD® and VISA® as an alternative means of paying your statement balance.

The benefits to you by charging your purchases to your MASTERCARD®/VISA® will allow you to take advantage of the various AIRMILES or other incentive programs currently in place with your credit card company. In addition, you may have the ability to extend payment terms according to the various financial institutions' terms.

Please take a couple of moments to read the following agreement. If you wish to use your card for payment, please fill in and sign the bottom of this form as authorization and fax it back to your Center at **1-800-329-9332**. At the present time, MASTERCARD® and VISA® are the <u>only cards</u> that your Center can accept as a form of payment.

- ♦ This form must be completed and filed at the WDDC office before we are authorized to charge your statement balance to your MASTERCARD®/VISA®.
- ♦ MASTERCARD®/VISA® purchases are not eligible for WDDC's 2% prompt payment discount because of the merchant fees associated with accepting Credit Cards.
- ♦ <u>WDDC</u> will automatically process your card 3 business days before the close of the next statement cycle. Please ensure you have an adequate credit limit to cover your purchases. (WDDC Statement cycles are the 15th and 30th of each month)

If you have any questions, please do not hesitate to call us at 780-413-2163 or 1-877-746-9332 All information pertaining to credit cards, social insurance and home phone numbers will be held in a secure location within WDDC.

| Date | | Member# | | | | | | | |
|---|---------|---------|---|---------------|---|--|--|--|--|
| Clinic Name | | | | | | | | | |
| Card Holder Name | | | | | - | | | | |
| CC Transaction Receipt Email A | Address | | | | | | | | |
| Please check one: | | | | | | | | | |
| ☐ Yes, I would like to use my MASTERCARD ®/VISA ® to charge my WDDC invoices on my statement 3 business days before the end of the statement cycle. | | | | | | | | | |
| □ No, please keep my MASTERCARD ®/VISA ® on file for any future WDDC charges I request. | | | | | | | | | |
| My VISA ® # | _/ | / | / | Exp/ CVC Code | | | | | |
| My MASTERCARD ® # | / | / | / | Exp/ CVC Code | | | | | |
| | | | | | | | | | |
| Signature | | | | Date | | | | | |

I agree to the above terms and authorize WDDC to charge purchases to the above Card Number. I understand these rates/policies are subject to change based on rates charged and policies in effect by the merchant financial institutions. These may change with or without notice.

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