



Thank you for considering an account with Brews Supply. Brews Supply offers credit facilities as a convenience to our regular customers. All accounts are legally due within 30 days of invoice date. Accounts that have outstanding balances on invoices in excess of 60 days from the invoice date will be placed on hold until satisfactory arrangements for payment have been made. However, Brews reserves the right to decline further credit at any time. Interest on outstanding amounts will be charged at a rate of 2.0% per month. Accounts that are not used for twelve months will be closed.

It is Brews' policy to accept MasterCard or Visa credit card payments at the time of purchase only.

There are three requirements to opening an account:

1. We receive a completed and signed credit application (attached).
2. Our credit checks determine that you have an acceptable credit standing.
3. We determine that you are likely to do at least \$5,000 per year in business with us. In most cases this means that we will have an order pending for at least \$1,000.00.

If you wish to make a one-time purchase for less than \$1,000, we are pleased to take VISA, MasterCard or corporate cheques.

OPENING AN ACCOUNT (select one)

Edmonton

Please email completed application to Nabeegh Subhani at nsubhani@wesco.com or fax 780-455-4422. If you have questions call: 780-452-3730

Calgary

Please email completed application to Mark Kupis at mkupis@brewssupply.com or fax 403-243-2975. If you have questions call: 403-243-1144

If you have offices/businesses in both Edmonton and Calgary, please select both and send to either contact.

Brew Supply – Calgary Location

12203 40th St. S.E.
Calgary, Alberta T2Z 4E6
Telephone: (403) 243-1144
Fax: (403) 243-2975
Toll Free: 1-800-661-6884

Brews Supply - Edmonton Location

18003 111 Avenue N.W.
Edmonton, Alberta T5S 2P2
Phone: (780) 452-3730
Fax: (780) 455-4422
Toll Free: 1-800-661-3730

BREWS SUPPLY
CREDIT APPLICATION

DATE: _____

COMPANY NAME: _____

PHONE: _____

ADDRESS: _____

FAX: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

MAILING ADDRESS (If different than above)

_____ WEBSITE: _____

_____ E-MAIL ADDRESS: _____

TYPE OF COMPANY LIMITED COMPANY SOLE PROPRIETORSHIP PARTNERSHIP

LEGAL NAME OF COMPANY OR OWNER(S): _____

PROVINCE OF INCORPORATION OR REGISTRATION: _____

PRINCIPAL SHAREHOLDERS: _____

NAME OF MANAGER: _____

AFFILIATED COMPANIES: _____

BUSINESS START DATE: _____ HOW MANY EMPLOYEES DOES YOUR COMPANY HAVE? _____

DO YOU HAVE ANY PROVINCIAL SALES TAX LICENSES? _____

ARE YOU GST EXEMPT? YES NO IF YES, EXPLAIN _____

BANK NAME: _____ ADDRESS: _____

BANK ACCT NO. _____ CONTACT: _____ PHONE: _____

CREDIT REFERENCES:

1. _____ PHONE: _____ FAX: _____

2. _____ PHONE: _____ FAX: _____

3. _____ PHONE: _____ FAX: _____

4. _____ PHONE: _____ FAX: _____

ACCOUNTS PAYABLE CONTACT: _____ PH# _____ FAX: _____

_____ E-mail

DO YOU WANT A MONTHLY STATEMENT? YES NO

HOW DO YOU WANT TO RECEIVE YOUR INVOICES? MAIL FAX E-MAIL

IF FAX OR E-MAIL, PLEASE PROVIDE PREFERRED FAX NO. OR E-MAIL ADDRESS: _____

Terms and Conditions

We, the undersigned, in consideration of Brews Supply selling to us and from time to time advancing credit to us, agree and understand that the terms upon which Brews Supply grants credit are as follows:

1. We authorize Brews Supply to gather and retain information about us, including credit checks, upon receipt of this application and from time to time for so long as we remain a customer of Brews Supply and for a reasonable time thereafter. We acknowledge that Brews Supply will use this information to determine whether or not to grant credit or continue to grant credit or do business with us.
2. We agree that invoices are due and payable within 30 days of the billing date of the invoice.
3. We agree that if any invoices are not paid within 30 days Brews Supply shall have the option/right to decline further credit sales.
4. We agree that if invoices are not paid within 30 days of the billing date, we will pay interest on the amount of the invoice at the rate of 2.0% per month, compounded monthly, calculated from the due date on the invoice.
5. We agree that our account shall be assigned a credit limit in the discretion of Brews Supply that if at any time the total of unpaid invoices and unfilled orders exceeds that limit, Brews Supply shall have the right/option to decline further credit sales.
6. We grant to Brews Supply to the extent allowed under provincial law, a continuing security interest or a purchase money security interest in all goods supplied by Brews Supply to secure our payment of any money owed to Brews Supply.
7. We agree that credit cards such as VISA and MasterCard are only accepted for payment of invoices at the time of purchase.
8. We agree that we will pay all collection cost incurred by Brews Supply including legal fees on a solicitor and his own client basis.
9. We agree that we will notify Brews Supply in writing of any defects or deficiencies in the goods we have purchased within 30 days of the date of the invoice and that if we fail to do so we will accept the goods as provided.
10. This agreement shall be governed by the laws of the Province of Alberta.
11. I consent to receive electronic communications from Brews Supply and its related affiliated entities (e.g. promotions, product information). I understand that we can withdraw consent at any time.
 YES NO
12. The undersigned warrant all the information herein to be correct and that they have authority to execute this agreement.

DATE

AUTHORIZED SIGNATURE

PLEASE PRINT NAME

TITLE & COMPANY

FOR OFFICE USE:

Account No. _____ Salesman No _____

Schedule _____ Class _____ Date Posted _____

Signature

ADDITIONAL INFORMATION

TO HELP US BETTER UNDERSTAND YOUR BUSINESS AND ASSIST US IN DETERMINING YOUR PURCHASING AND CREDIT NEEDS, PLEASE PROVIDE THE FOLLOWING ADDITIONAL INFORMATION:

IF MAILED, HOW MANY COPIES OF INVOICES DO YOU REQUIRE? _____

DO YOU USE PURCHASE ORDERS? YES NO

DO YOUR P.O. NUMBERS INDICATE ANYTHING TO US, WHICH WOULD HELP US SERVE YOU BETTER?

DO YOU HAVE ANY SPECIAL PAPERWORK NEEDS? _____

PLEASE DESCRIBE WHAT YOUR BUSINESS IS. (e.g. IF CONTRACTOR, IN WHICH AREAS DO YOU SPECIALIZE, IF OEM, WHAT KIND OF PRODUCTS DO YOU MAKE) _____

WHAT ARE YOUR ANNUAL PURCHASES OF ELECTRICAL EQUIPMENT? \$ _____

WHERE DO YOU CURRENTLY BUY MOST OF YOUR ELECTRICAL EQUIPMENT? _____

DO YOU BUY MOTOR CONTROLS? YES NO WHAT BRAND OF MOTOR CONTROL? _____

PURCHASING CONTACT: _____ PH# _____ FAX: _____

ELECTRICAL CONTACT _____ PH# _____ FAX: _____

DO YOU WANT A SALES PERSON TO CALL ON YOU? INITIALLY REGULARLY NEVER

DO YOU BUY MOST OF YOUR ELECTRICAL EQUIPMENT NEEDS BY: PHONE FAX E-MAIL INTERNET IN PERSON

DO YOU EXPECT TO DO MOST OF YOUR BUSINESS WITH US BY: PHONE FAX E-MAIL INTERNET IN PERSON

WHY ARE YOU OPENING AN ACCOUNT WITH BREWS SUPPLY?

PARTICULAR PRODUCT NEED NOW

JUST HEARD OF BREWS SUPPLY.

NEW IN BUSINESS

SALESMAN CALLED

OTHER _____