



P.O. Box 99, Grimsby, Ontario L3M 4G1
 270 Hunter Rd. Grimsby, Ontario L3M 4E8
 Ph: (905) 945-9611 Fax: (905) 945-7550

CONFIDENTIAL

NEW CUSTOMER / CREDIT APPLICATION

Sales Rep _____

(Please Print)

For the purpose of obtaining merchandise on credit, the following statement, in writing, is made by the applicant. All information supplied is true and correct. Applicant authorizes our Company to contact all references given and inquire as to applicant's credit history. Upon approval of this application, applicant agrees to abide by the terms and conditions of sale outlined in the Statement of Sales Policy. Applicant further agrees to notify us, in writing, within five days of any change of ownership, address, telephone, authorized purchasing agent(s), banks, transfer of listed assets, or other facts set forth below.

Please fill in all spaces on this page REGARDLESS if you are applying for terms

Legal Name of Firm: _____

Name of Parent Company, if Subsidiary: _____

Principal Business Address: Street: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Telephone: (____) _____ - _____ Email address: _____

Member of which buying groups? _____

Type of Business (Retail, Wholesale or Other – please describe): _____

At present location since: ____/____/____ Have owned business since (date): ____/____/____

Is business incorporated? Yes No If yes, date incorporated: ____/____/____ Total No. of Employees: _____

Do you Own Lease your principal place of business? Lease from: _____

Names, home addresses and home phones of Principal(s) or Owner(s), sole proprietorship or partnership.

Name	Address	Home Phone
_____	_____	(____) _____ - _____
_____	_____	(____) _____ - _____
_____	_____	(____) _____ - _____
_____	_____	(____) _____ - _____

FIRST ORDER (MINIMUM \$300) BY CREDIT CARD ONLY, \$150 MINIMUM REORDER AMOUNT

I authorize Westbrook to charge my: Visa MasterCard

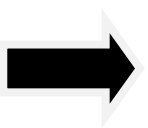
Use of Credit Card: First Order Only Keep On File For ALL Orders

Card Number: _____ Card Holder Name: _____ Expiry: ____/____

Address of Card Holder: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Turn over for page 2 of application





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ONLY FILL OUT THIS SECTION IF YOU ARE APPLYING FOR CREDIT TERMS

Credit References: Please provide three (3) Principal Suppliers from whom you buy on open credit.
 If using a bank as a Reference, a letter from the Manager must accompany this application.

Credit Reference 1	Credit Reference 2	Credit Reference 3
Name: _____	Name: _____	Name: _____
Phone: (____)____-_____	Phone: (____)____-_____	Phone: (____)____-_____
Fax: (____)____-_____	Fax: (____)____-_____	Fax: (____)____-_____
Email: _____	Email: _____	Email: _____
Bank: _____	Account No: _____	
Address: _____	Phone: (____)____-_____	Fax: (____)____-_____
Account Name: _____		

TERMS AND AGREEMENTS:

1. All accounts are C.O.D. until this application has been approved by our office. If this application is accepted and processed by this office, the account will be subject to the following terms:
 - a) Balance is due within thirty (30) days from date of statement.
 - b) The current rate of interest is charged on all past due invoices.
 - c) All past due accounts are subject to C.O.D. terms
 - d) Receipt of an NSF cheque will place the account on C.O.D. (cash or certified cheque) terms unless a letter of explanation is received from the Bank Manager. An NSF charge will be applied to the account.
 - e) Westbrook is to be notified immediately of any changes regarding the information on this application.
 - f) The terms and agreement made herein shall apply to all branch operations opened or acquired unless otherwise notified in writing.

2. I/We will understand and agree to the above-noted terms.

3. I/We will be personally responsible for any debt or debts (principal plus interest) accumulated in the name of the above-mentioned business.

Date: _____ 20____ Company: _____

Signature of Officer(s) or Owner(s):

Print Name and Title

APPLICATION WILL NOT BE PROCESSED WITHOUT A SIGNATURE