|  |  |
| --- | --- |
| **Grand Valley Distributors Inc.**  **Operating as Brewers Car Parts Plus (Brewers)**  **Customer Account Application** | Completed Customer Account Applications (please be sure to complete both pages and sign) may be dropped off at any Brewers location. Please allow 5-10 business days for processing of this application. |



|  |
| --- |
| This space for office use only |
| Sales Rep |
| Credit Limit |
| Approved By |
| Date Opened |
| Account # |

**Type of Account**



**Cash Account**  
Payment is due and payable at time of purchase either by: Cash, VISA, Mastercard, or debit.

**Credit Account**Credit terms are Net 30 days.

**Account Applicant**



**Date**

**Legal Name**

**Trade Name (if different)**

Address:

City       Province

Postal Code

Email

Phone       Ext.        
Fax

**Mailing Address (if different than Account Applicant above)**



Address

City       Province

Postal Code

**New Business**  Yes  No

**Years in Business**       years

**Business Type**

Limited Company  Sole Proprietorship  Partnership

|  |  |
| --- | --- |
| General Repair | Fleet |
| Exhaust Specialist | Institutional |
| Lube Specialist | Other |

**Nature of Business**

**How many employees do you currently employ?**

**Estimated Annual Volume**

**Has applicant (or individual) signing this application ever been bankrupt?**  Yes  No

**Bank Information**



Bank       Branch

**Credit References (Required)**



Company

Address

City

Province       Postal Code

Phone       Ext.

Fax

Company

Address

City

Province       Postal Code

Phone       Ext.

Fax

Company

Address

City

Province       Postal Code

Phone       Ext.

Fax

**Statement & Billing Information**



Do you use Purchase Order Numbers?  Yes  No

Monthly Credit Reqested

H.S.T. Number

Gross Profit % desired for list price

**Terms & Payment Information** (Credit Terms are Net 30.)

Will you pay your account by:  Monthly Statement  Invoice

If paying by:  Visa  Master Card  
  
Credit Card number

Expiry Date

Cardholder Name

**Statement & Format Selected**

Email  Fax  Paper

Sent to  above or

**Accounts Payable Contact (**Person to contact regarding this account)



Print Name

Phone       Ext.

Email

**Officers, Owners or Partners**



Please list information for all Officers, Owners or Partners.

First Name       Initial       Last Name

Title

Address

City            Province       Postal Code

Phone        
Date of Birth: mm       dd       yy



First Name       Initial       Last Name

Title

Address

City       Province       Postal Code

Phone        
Date of Birth: mm       dd       yy



First Name       Initial       Last Name

Title

Address

City       Province       Postal Code

Phone        
Date of Birth: mm       dd       yy

**Applicant Agreement -** Please read carefully before signing.



The applicant agrees that this account application and all purchases made on this account shall be deemed to have been made at Cambridge, Ontario, and that all accounts are payable Net 30 days at Brewers Head Office located at Grand Valley Distributors Inc., 1595 Bishop Street North, Cambridge, ON. N1R 7J4. The Applicant further agrees to pay a service charge on all overdue accounts at the rate of 2.0% per month (28.62% per annum) and any reasonable collection costs including solicitor costs on a solicitor/client basis, incurred as a result of non-payment of an account. The Applicant further agrees, in the event that BREWERS obtains judgment against the Applicant for non-payment of this account, to pay in addition to solicitor cost, an administrative charge in the amount of $500.00.

The Applicant authorizes BREWERS to conduct whatever personal investigation deemed necessary in respect of this application for credit. In consideration of BREWERS granting credit to the Applicant, the Applicant and Guarantor, if any, grant to BREWERS a security interest in all of the Applicant’s and Guarantor’s present and after acquired personal property, including proceeds but excluding consumer goods, and a Purchased Money Security Interest in all goods purchased from BREWERS as security for the performance of all obligations of the Applicant and Guarantor of all obligations under this credit agreement.

BREWERS will provide the applicant with a monthly statement of transactions on this account. The applicant agrees to advise BREWERS of any disputed transactions within 30 days of the statement date and expressly agrees that except for any transactions disputed in writing within this period, the account statement shall be deemed to be correct.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Officer/Partner/Owner or Applicant**

**Personal Guarantee** - Please read carefully before signing.

TO: GRAND VALLEY DISTRIBUTORS INC. (BREWERS)

1595 BISHOP ST. N., CAMBRIDGE, ON. N1R 7J4

In consideration of BREWERS dealing with the Applicant, the undersigned (guarantor(s)), hereby jointly and severally guarantee payment to BREWERS of all present and future debts and liabilities, direct or otherwise, now or at any time and from time to time hereafter due to, owing to BREWERS from or by the Applicant, and whether incurred by the Applicant alone or jointly with any other party.

It is further agreed that BREWERS, without exonerating in whole or in part the undersigned, may grant time, renewals, extensions, indulgences, releases and discharges to, may take securities from and give the same and may accept compensation from, and may otherwise deal with the Applicant and all other personals and securities, as BREWERS may see fit.

This shall be a continuing guarantee, and shall cover and secure any ultimate balance owing to BREWERS, but BREWERS shall not be obliged to exhaust its recourse against the Applicant or any other personals or any securities it may hold before being entitled to payment from the undersigned of all and every of the debts and liabilities hereby guaranteed.

This guarantee shall ensure to the benefit of BREWERS, its successors and assigns and shall be binding upon the undersigned, his or her legal representative, successors and permitted assigns.

**Guarantor Signature(s)**



Date

Signature of Guarantor #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name       Initial       Last Name

Date of Birth: mm       dd       yy

Date

Signature of Guarantor #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name       Initial       Last Name

Date of Birth: mm       dd       yy

**If you have any questions regarding this application or your account, please contact our Credit Department at the number below.**

GRAND VALLEY DISTRIBUTORS

1595 BISHOP ST. N., CAMBRIDGE, ON. N1R 7J4

Phone: 519-621-2260

Office Hours: Monday – Friday - 9:00am – 4:00pm