



| Office Use Only        |  |
|------------------------|--|
| Date Checked:          |  |
| Date of (non)approval: |  |
| Credit Limit:          |  |
| (Non)approved by:      |  |

**CREDIT APPLICATION**

SALESMAN NAME: \_\_\_\_\_ DESIRED AMOUNT OF CREDIT: \_\_\_\_\_

**Credit Application Must Be FULLY Completed Before Processing**

|                                |                    |                       |
|--------------------------------|--------------------|-----------------------|
| Registered Licensed Builders#: | _____              |                       |
| Legal Name Of Company:         | _____              |                       |
| Limited: _____                 | Partnership: _____ | Proprietorship: _____ |
| Mailing Address:               | _____              |                       |
| City: _____                    | Province: _____    | Postal Code: _____    |
| Phone#: (____) _____           | Fax#: (____) _____ |                       |
| E-Mail: _____                  | URL: _____         |                       |
| GST#: _____                    | PST#: _____        | WCB#: _____           |
| Date Business Started: _____   | Premises: _____    | Owned__ Rented__      |

**OWNER/DIRECTOR INFORMATION**

|                        |                                    |
|------------------------|------------------------------------|
| Name: _____            | Sin#: _____                        |
| Mailing Address: _____ |                                    |
| City: _____            | Province: _____ Postal Code: _____ |
| Name: _____            | Sin#: _____                        |
| Mailing Address: _____ |                                    |
| City: _____            | Province: _____ Postal Code: _____ |

**TRADE REFERENCES**

|             |                      |                    |
|-------------|----------------------|--------------------|
| Name: _____ | Phone#: (____) _____ | Fax#: (____) _____ |
| Name: _____ | Phone#: (____) _____ | Fax#: (____) _____ |
| Name: _____ | Phone#: (____) _____ | Fax#: (____) _____ |
| Name: _____ | Phone#: (____) _____ | Fax#: (____) _____ |
| Name: _____ | Phone#: (____) _____ | Fax#: (____) _____ |

**BANK REFERENCES**

|                        |                                    |
|------------------------|------------------------------------|
| Bank Name: _____       | Contact Name: _____                |
| Mailing Address: _____ |                                    |
| City: _____            | Province: _____ Postal Code: _____ |
| Phone#: (____) _____   | Fax#: (____) _____                 |
| Savings#: _____        | Checking#: _____ Loan#: _____      |



### Terms and Conditions

The undersigned hereby certifies that the information given on this application is full and correct to the best of their knowledge and the person authorized to sign on behalf of the above named company.

The undersigned hereby agrees to pay in accordance with the credit terms and conditions set out by Westeck Windows Mfg Inc and/or Westeck Glass Inc. as follows: Terms are net 30 days from date of invoice or within 5 days after mortgage or financing draw; whichever is earliest. In the event the customer fails to make payment within the terms specified above, an interest charge of 2% per month (26.82% per annum) will be charged to the account until paid in full. Westeck Windows Mfg Inc and/or Westeck Glass Inc do accept credit cards in order to pay 30-day accounts. However, using a credit card to pay the account is subject to a 2% user fee for this service. Westeck Windows Mfg Inc and/or Westeck Glass Inc., at its sole discretion, also maintain the right to change the credit terms and/or revoke credit to the customer at any time.

As security for any and all present and future monies owing to Westeck Windows Mfg Inc and/or Westeck Glass Inc, the undersigned gives Westeck Windows Mfg Inc and/or Westeck Glass Inc all its present and future acquired personal property.

Personal information requested is collected and used for the purpose of administering our credit policy with respect to your account. By completing this form, you provide us with your consent to collect, retain, and use the information in accordance with this purpose alone, as frequently as the company deems necessary. Further questions or a copy of our Privacy Assurance Policy may be directed to our credit manager @ (604) 792-6700.

This agreement shall be deemed to have been made in the City of Chilliwack in the Province of British Columbia and all matters arising hereunder will be exclusively governed by and construed in accordance with the laws of the Province of British Columbia, Canada applicable therein, and all disputes and claims arising out of or in connection whether for specific performance, injunction, declaration or otherwise howsoever both at law and in equity, shall be exclusively referred to the Provincial Court of British Columbia, Chilliwack Registry or the Supreme Court of British Columbia, Chilliwack Registry.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_\_ Fax#: (\_\_\_\_) \_\_\_\_\_

I, the undersigned, do hereby personally guarantee payment in full for all merchandise purchased from Westeck Windows Mfg Inc and/or Westeck Glass Inc and give to Westeck Windows Mfg Inc and/or Westeck Glass Inc as security for any and all present and future monies owing to Westeck Windows Mfg Inc and/or Westeck Glass Inc under this guarantee all my present and future acquired personal property.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Guarantor Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_\_ Fax#: (\_\_\_\_) \_\_\_\_\_

Dated at Chilliwack BC Canada this \_\_\_\_ day of \_\_\_\_\_ 200\_\_.