Independent Glass Distributors Ltd.

AWG NORTHERN INDUSTRIES INC.

P.O Box 850 3424 Highway 16 East
Smithers BC V0J 2NO
Phone: (250) 847-9211
Fax: (250) 877-7606

CREDIT APPLICATION

Warehouse Location_____

Registered Legal Name:_____

Business or Operating Name:_____

Billing Address:_____City:_____Province:_____Postal Code:_____

Ship To Address:_____City:_____Province:_____Postal Code:_____

Business: Limited Company ☐ Partnership ☐ Proprietorship ☐

Accounts Payable Contact Name:_____

E-Mail Address:_____ Phone #:_____ Fax #:_____

Are Purchase Order Numbers Required?_____

How Long In Business:_____ How Long At Present Location_____

PST # (If Exempt)_____GST # (If Exempt)_____

Credit Limit Requested:_____

BANK REFERENCES

Name:_____Phone: ( )_____

Address:_____ Fax: ( )_____

Contact Name:_____

PRINCIPALS

Name :_____ Title:_____ Phone: ( )_____

Name :_____ Title:_____ Phone: ( )_____

CREDIT REFERENCES

1.)_____ Phone: ( )_____ Fax: ( )_____

2.)_____ Phone: ( )_____ Fax: ( )_____

3.)_____ Phone: ( )_____ Fax: ( )_____

TERMS OF SALE: NET 30 DAYS FROM INVOICE

"I/We hereby request that AWG NORTHERN INDUSTRIES INC. (Administration Office for Independent Glass Distributors LTD., hereinafter referred to as "The Company" extend credit privileges to me/us and in consideration, agree to pay for all purchases in accordance with the Terms of Sale described herein". I/We further agree to pay a service charge on any amount past due calculated at 24% per annum. I/We agree in the event the amount is delinquent and satisfactory arrangements have not been made for payment, all collection costs, including, without limitation, all legal fees and disbursements and taxes chargeable thereon, will be payable by me/us forthwith. I/We certify the above information to be correct. Further I/We authorize "THE COMPANY" to collect, use and disclose personal information and/or credit reports, as deemed necessary, on the applicant or its principals in connection with the approval and maintenance of this credit account or for other reasonable business reasons in accordance with "THE COMPANY's" Privacy Policy.

Signature: _____ Title:_____ Date:_____

PERSONAL GUARANTEE

In consideration of "THE COMPANY" extending credit to _____ (hereinafter called "THE CUSTOMER"), I /we the undersigned do jointly and severally personally guarantee to "THE COMPANY", its successor and assigns full and complete payment of all debts owing now or which shall at any time hereafter become due "THE COMPANY" by "THE CUSTOMER", including without limitation, any interest or service charges thereon and costs of collection incurred by "THE COMPANY" in respect of the debts(s). Alberta applicants must complete the Certificate of Notary Public.

SIGNED, SEALED AND DELIVERED THIS DAY OF 20

WITNESS: SIGNED (GUARANTOR):

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ALBERTA APPLICANTS: PLEASE COMPLETE THIS SECTION

THE GUARANTEES ACKNOWLEDGEMENT ACT,
1989
CERTIFICATE OF NOTARY PUBLIC

I HEREBY CERTIFY THAT:

1. I, _____, of the _____

_____, the guarantor in the Guarantee dated the _____ day of

_____, A.D. 20_____, made between _____

_____ and _____

_____which this certificate is attached to or noted upon, appeared in person

before me and acknowledge that he had executed the guarantee;

2. I satisfied myself by examination of him that he is aware of the contents of the Guarantee and understands it.

GIVEN at _____, this _____ day of _____,

A.D. 20_____, under my hand and seal of office.

_____
A NOTARY PUBLIC in and for the province of Alberta

STATEMENT OF
GUARANTOR:

I am the person named in this certificate.

_____
Signature of Guarantor

*****OFFICE USE ONLY*****

CREDIT APPROVED BY (CREDIT SUPERVISOR): DATE:

CUSTOMER: ACCOUNT#:

CREDIT LIMIT: CLASS I.D.: PRICE LEVEL:

MANAGER'S SIGNATURE:

MANAGER'S COMMENTS