

30 RIEL DRIVE
P.O. BOX 261
ST. ALBERT, ALBERTA
T8N 1N3

TEL (780)459-4491
FAX (780)459-4089

PRO-WESTERN
PLASTICS LTD



Dear Customer,

Thank you for your interest in opening a cash account with Pro-Western Plastics Ltd. Please find and complete the following application and forward to our credit department via fax #780 459 4089.

To help us to setup your account in a timely and correct manner we recommend that you provide us with all the data requested on the form.

Please note: if you reside in a province where HST is applicable, you will be charged HST as per Revenue Canada on every invoice regardless of any previous exemptions you may have been offered by the Government of Canada.

Upon completion of processing we will contact you in writing to provide you with an account number for you to use when placing your orders.

We value your business and look forward to supplying your future requirements. If you have any questions regarding credit with Pro-Western Plastics Ltd. please contact the Credit Department, Monday through Friday between 8:00 a.m. and 4:00 p.m. mountain time @ 780 459 4491.

Respectfully,
Pro-Western Plastics Ltd

Darci Allan
Credit Department

CDN & US CASH ACCOUNT REQUEST

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PRO-WESTERN PLASTICS LTD



Pro-Western Plastics Ltd. Salesperson: Dale Marijke Robert Greg Shane Slade Jeff

Registered Company Name: _____

Billing Address: _____ City: _____

Prov/State: _____ Postal / Zip: _____ Phone: _____ Fax: _____

Shipping Address(es): _____

Shipping/Receiving Contact: _____ Phone: _____ Fax: _____

Please provide all authorized ship to addresses including contacts and phone #'s (include separate sheet if necessary)

TAX ID#: _____ FED TAX ID#: _____

Companies with GST Exempt status must include a copy of Gov't Approval when submitting this application

HST Tax: As per Revenue Canada all customers will be charged HST on every invoice (*applies only to provinces where HST is applicable*)

ACCOUNTS PAYABLE INFORMATION

Phone: _____ Fax: _____ E-mail: _____
(Invoices will be sent to the above email address)

PURCHASING INFORMATION

Mailing Address: _____
(If different than billing address)

Contact: _____ Phone: _____ Fax: _____

E-mail: _____

Do you purchase with PO #'s? Yes No If yes, is a physical PO required prior to release of your order? Yes No

What will be your primary use for our products? Resale, as is OR Packaging of _____

TERMS OF PAYMENT – MANUFACTURED PRODUCT

All payments must be remitted to our St. Albert, AB office prior to shipping by one of the following:

1. Cash / Money Order / Bank Draft
2. Direct Deposit / Wire Transfer (info available upon request)
3. Company Check (over \$500 must be CERTIFIED)
4. CERTIFIED Personal Check

TERMS OF PAYMENT – CUSTOM PRINTED PRODUCT

All payments must be remitted to our St. Albert, AB office prior to printing of product by one of the following:

1. Cash / Money Order / Bank Draft
2. Direct Deposit / Wire Transfer (info available upon request)
3. CERTIFIED Company Check
4. CERTIFIED Personal Check

In consideration for establishing a cash account with Pro-Western Plastics Ltd., I (we) hereby agree to the terms of payment as listed above.

Auth. Signature: _____ Title: _____ Date: _____

"We pride ourselves on the quality of our work. However, in the unlikely event that any of Pro-Western's products prove defective for any reason whatsoever, including without limitation faulty workmanship or non-compliance with design or other criteria Pro-Western shall replace such product without cost to the customer, but in any and all events, Pro-Western's liability shall be strictly limited to such replacement and, without limiting the generality of the foregoing, in no event shall Pro-Western be liable for consequential or other claims or damages (including damages to third parties) howsoever arising."