



## CUSTOMER PROFILE FORM / BUSINESS CREDIT APPLICATION

### CANADIAN CUSTOMERS

(September 2022)

<b>TERMS REQUESTED (check one)</b>	
<input type="checkbox"/>	<b>Prepaid</b> - Payable via check, wire transfer or credit card (Visa & Mastercard) upon placing orders, being released for shipment after payment processing is complete.
<input type="checkbox"/>	<b>Auto-Bill/Credit Card</b> - Upon placing orders, request "Auto-Bill" option for credit card (Visa & Mastercard) to be uploaded. Moving forward, all orders placed that day will be instantly released and automatically charged to credit card on file later that evening.
<input type="checkbox"/>	<b>Net 30 Days - Credit Line Requested = \$</b> <span style="float: right;"><i>Note: Credit card payments are not accepted on accounts with N30 terms)</i></span>

#### COMPANY INFORMATION

Legal Entity Name		Trade Name/DBA (if different)	
Business Structure (check one):	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor
			Years-In-Business

#### OWNERS/PRINCIPALS

Name	Title	Phone	
Home Address	City	Province	Postal Code
Name	Title	Phone	
Home Address	City	Province	Postal Code

#### BUSINESS INFORMATION

Physical Address of Business	City	Province	Postal Code
Phone	Website		

#### BUSINESS CREDENTIALS

Canada Revenue Agency Business Registration #	Tax-Exemption Certification, if applicable <i>(copy required with application)</i>
CRA Excise Duty License/Permit - Required for alcohol production: brewery, distillery, winery, etc. <i>(copy required with application)</i>	

#### BARRELAGE INFORMATION (Beer-Producers Only – if not applicable, skip to Billing Information section.)

Brewery System Size: # of Tanks:	# of Barrels Per Tank:	<b>Annual Barrelage:</b>
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#### BILLING INFORMATION

Bill To Address	City	Province	Postal Code
Name of Accounts Payable Contact	Position/Title		
Phone	Email Address		

**INVOICING & STATEMENT INFORMATION (Invoices & Statements sent via email)**

Email Address #1 for <b>Invoices</b> (Required)	Email Address #2 for <b>Invoices</b> (Optional)
Email Address #1 for <b>Statements</b> (Required if different from Invoices)	Email Address #1 for <b>Statements</b> (Optional)

**AUTHORIZED BUYERS (Authorized individuals allowed to place orders on account)**

NAME	TITLE	EMAIL ADDRESS
1.		
2.		
3.		

**SHIPPING INFORMATION (If multiple shipping addresses, please attach separately.)**

Ship To Address	City	Province	Postal Code
Name of Purchasing Contact		Position/Title	
Phone	Email Address		

**TRADE REFERENCES (Optional)**

<b>Reference #1</b> - Business Name	Email Address
Phone	FAX
<b>Reference #2</b> - Business Name	Email Address
Phone	FAX

I am authorized in my capacity to bind the above listed Company accordingly. The representations provided in this Application are complete and accurate. I understand the information provided will be relied upon in the evaluation and extension of credit terms. The terms and conditions of this Application shall, upon extensions of credit by Canada Malting Company, The Country Malt Group, Great Western Malting (hereinafter referred to as the "Creditors"), constitute an agreement of sale. The Applicant agrees to be bound to the terms and conditions stated in this Application. The payment for all sales of goods or services will be according to the terms stated on the Creditors' invoice(s). The failure to pay on the due date of each invoice shall deem the debt to be delinquent. In the event of a delinquency, the Creditors may impose a late charge of two percent per month on the delinquent balance until paid. In the event of a delinquency, all collection expenses, including collection agency fees and costs, attorney's fees, and any court costs incurred in connection with the collection of the debt shall be due and payable by the Applicant.

Authorized Signature (Required)	Printed Name	Title	Date
<b>Please sign above. Must be actual handwritten signature. Digital, electronic or stamped signatures are not accepted. Unsigned applications will not be processed.</b>			

**Personal Guarantee:** For and in consideration of your extending credit at my request to the above listed Company, I hereby personally guarantee to you the payment of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, nonpayment and notice thereof, and consent to any modifications or renewal of the credit agreement hereby guaranteed.

Authorized Signature (Required)	Printed Name	Social Insurance #	Date
<b>Please sign above. Must be actual handwritten signature. Digital, electronic or stamped signatures are not accepted. Unsigned applications will not be processed.</b>			

<p><b>Return complete &amp; signed forms to <a href="mailto:newaccts@gwmalt.com">newaccts@gwmalt.com</a></b></p> <p>Processing of applications takes one to three business days, so please submit your application well in advance of needing to place an order for products. Incomplete or illegible forms may experience delays in processing and/or be returned to for completion.</p>
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