



Direct Value Wholesale
 105-2510 Government St.
 Penticton, BC V2A 4W6
 Phone: 250 493 7555 or 1 866 493 7555
 Fax: 250 493 7511 or 1 866 493 7511

CLIENT CREDIT APPLICATION FORM

Please fill out the form completely and fax it back to: **1 866 493 7511 Attention: Credit Department**
IMPORTANT: Incomplete information will delay processing of your credit application.

Legal Name: _____		Operating As: _____	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Corporation: Year Incorporated _____	Province _____
Billing Address: _____		City: _____	Province _____ Postal Code _____
Shipping Address: _____		City: _____	Province _____ Postal Code _____
<small>(If different than above)</small>			
Tel: () _____	Fax: () _____	E-Mail Address: _____	
Store Contact: _____		HST/GST # (BC ONLY) _____	TRA# _____

1

Payment Method: <input type="checkbox"/> Cheque on Due Date	<input type="checkbox"/> Online Payment on Due Date	<input type="checkbox"/> Pre Authorized Debit on Due Date
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2

Owner Name _____
Home Address _____
City _____ Prov _____ Postal _____ Home Phone _____

If there is more than one owner, please attach separate sheet with additional information.

3

FINANCIAL INFORMATION				
Name	Acct#	Address	City	Phone
TRADE REFERENCES				
Name			Phone	Fax
Name			Phone	Fax
Name			Phone	Fax

4

POLICIES: (See attached for details)

- | | |
|--|---|
| <ul style="list-style-type: none"> - FIRST ORDERS WILL ONLY BE SHIPPED WITH A FULLY COMPLETED & APPROVED CREDIT APPLICATION. - PAD, CHEQUE, MONEY ORDER OR BY ONLINE/DIRECT DEPOSIT. - CREDIT CARD PAYMENTS: 3% ADMIN FEE. - NSF CHEQUES OR NSF PAD: \$50.00 FEE | <ul style="list-style-type: none"> - 15% RESTOCKING CHARGE. WE WILL NOT ACCEPT RETURNS AFTER ONE YEAR FROM INVOICE DATE - ALL ORDERS ARE SUBJECT TO A \$4.50 FOC (FREIGHT OFFSET SURCHARGE). - FREIGHT AND MINIMUM ORDER POLICIES. (SEE ATTACHED POLICIES) |
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BY SIGNING BELOW, YOU AUTHORIZE **DIRECT VALUE WHOLESALE, AND/OR IT'S AGENT**, TO CONDUCT A PERSONAL OR BUSINESS CREDIT INVESTIGATION BY CONTACTING ANY REFERENCES GIVEN, INCLUDING BANKS, TO VERIFY CREDIT STANDING. YOU ALSO GRANT PERMISSION TO THE TRADE AND BANK REFERENCES LISTED ABOVE TO IMPART FINANCIAL INFORMATION REQUESTED BY **DIRECT VALUE WHOLESALE AND/OR IT'S AGENT** IN THE COURSE OF A REGULAR CREDIT INVESTIGATION.

DIRECT VALUE WHOLESALE RELIES ON THE ABOVE AGREEMENT AND ON THE TRUTH OF THE INFORMATION PROVIDED BY THE APPLICANT IN DECIDING TO GRANT CREDIT. FURTHERMORE, AT ITS SOLE AND ABSOLUTE DISCRETION, **DIRECT VALUE WHOLESALE** RESERVES THE RIGHT TO GRANT CREDIT, REFUSE CREDIT OR GRANT FURTHER EXTENSION OF CREDIT AT ANY TIME. IT IS FURTHER UNDERSTOOD THAT ALL TERMS AND CONDITIONS CONTAINED HEREIN SHALL BE BINDING FOR ALL PRESENT AND FUTURE BUSINESS TRANSCATIONS BETWEEN THE APPLICANT AND **DIRECT VALUE WHOLESALE** UNLESS OTHERWISE PROVIDED FOR IN WRITING BY **DIRECT VALUE WHOLESALE**.

AGREEMENT

I HAVE READ AND UNDERSTAND THE TERMS, CONDITIONS AND POLICIES. I (WE) CERTIFIED THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT **DIRECT VALUE WHOLESALE** CAN CHANGE ITS POLICY AND CAN CANCEL SUPPORT SERVICE AT ANY TIME. **THE PERSON SIGNING BELOW IS PERSONALLY GUARANTEEING ALL DEBTS INCURRED** BY THE ABOVE COMPANY TO **DIRECT VALUE WHOLESALE**, INCLUDING COSTS ASSOCIATED WITH THE COLLECTION OF SAID DEBTS.

NAME: _____

TITLE: _____ SIGNATURE: _____

This box is for office use only: SALES REP ____ OK ____ CA ____ Acct# ____ Min ____ >Min ____ 1-50 ____ 51-300 ____ 301+ ____



Policy Agreement Details

- Payment:**
- 1) **First orders will only be shipped with a fully completed and approved credit application.**
Please make sure that the person signing the application form is the person taking responsibility for all debts incurred.
 - 2) Credit Card Payments will only be accepted with the agreement that there will be a 3% admin fee charged. Cheque, Money order or by online/direct deposit. **Pre Authorized Debit is now available.**
 - 3) NSF Cheques or NSF PAD will be subject to a \$50.00 Fee.
- Returns:**
- 1) A **15% restocking charge** will be charged on all items returned. You will be responsible for freight back to our warehouse. Items returned must be in resalable condition (NO Price Tags) and not damaged.
 - 2) A **20% restocking charge** will be charged on **Seasonal items** with the above criteria.
 - 3) Items sent in error will be exempt from the restocking charge, but an RMA Form will still be required.
 - 4) We will **NOT** accept returns after one year from invoice date.
 - 5) An **RMA** form (Return Merchandise Authorization) will be **required** to return product (including warranty items).
 - 6) All **RMA** forms must be filled out with all information including the original invoice number. Please contact us for a copy of the RMA Form.
 - 7) Consumable items sold to Seasonal Clients will not be returnable unless they have expired during the season. Please, do not over order consumables for your season.
- Ordering:** Orders on average will ship within 48 hours from receipt. Claims for shortages must be made within 10 days after receipt of goods.

- Display racks will be charged out our cost where we have a cost.

All Orders are subject to a \$4.50 FOC (Freight Offset Surcharge). This charge will appear on all invoices and helps to offset the Fuel Surcharges received from couriers and trucking companies. This allows us to offer you low minimums, low freight charges and competitive pricing.

Effective JAN 1, 2012 we are putting in place a new Freight / Minimums Policy. The policy is as follows:

British Columbia: Minimum for Prepaid freight is **\$500.00**. All under Minimum orders will be charged **\$10.00**.
(Offline area freight will be charged or not charged at our discretion)

Alberta: Minimum for Prepaid freight is **\$750.00**. All under Minimum orders will be charged **\$20.00**.
(Offline area freight will be charged or not charged at our discretion)

Sask/Man: Minimum for Prepaid freight is **\$1000.00**. All under Minimum orders will be charged **\$30.00**.
(Offline area freight will be charged or not charged at our discretion)

Ontario - East: Prepaid Freight will be negotiated on each order with a starting minimum of **\$2000.00**.

NWT, YK, NU: 3% of your order total will be used as a freight allowance towards true cost of freight. Unless other arrangements have been made.



All Payment Amounts must exactly match the amount specified in the written notice for the specified Payment Date.

10. We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including, but not limited to, a) the amount or b) that any purpose of payment for which the PAD was issued has been fulfilled by Payee as a condition to honoring a PAD issued or caused to be issued by Payee on the Account.
11. We acknowledge that revocation of the Authorization does not terminate any contract for goods or services that exists between payee and Payor. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods and services exchanged, which remains in full force and effect.
12. We may dispute a PAD only under the following conditions:
 - a. The PAD was not drawn in accordance with the Authorization;
 - b. The Authorization was revoked; or
 - c. Pre-notification, as required under SECTION 9 was not received.

We acknowledge that in order to be reimbursed, a declaration to the effect that either (a), (b) or (c) took place, must be completed and presented to the branch of the Processing Institution holding the Account up to and including 10 business days after the date on which the PAD in dispute was posted to the Account, Payee will also be advised simultaneously.

We acknowledge that when disputing any PAD beyond the time allowed in this section, it is a matter to be resolved solely between Payee and Payor outside the payments system.

13. We agree that the information contained in this Authorization may be disclosed to the payee's Financial Institution as required to complete any PAD transaction.
14. We understand and accept the terms and conditions of participating in the PAD plan.

Company Name:		Date:
Authorized Signature:	Print Name	
Authorized Signature:	Print Name	

**Please attach a copy of a void cheque in the space below,
and fax to 1-866-493-7511**

Leigh Follestad
Accounting Department
Phone 250 493 7555
Fax 250 493 7511
Email: leigh@mydvw.com

TAPE CHEQUE HERE