



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

DVW CREDIT APPLICATION

Please fill out the form completely return it to Direct Value Wholesale: info@mydvw.com

IMPORTANT: We will not be able to finalize account set up without a PST#, void check and TRA# if applicable.

| | | | |
|--------------------------------------|---|---|----------------------------------|
| *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 _____ |
| (If different than above) | | | |
| *Tel: () _____ | *Fax: () _____ | *E-Mail: _____ | *PST # _____ |
| Store Contact: _____ | | *Tobacco Retailer Authorization (TRA)# _____ | |

1

| |
|---|
| *Payment Method <input type="checkbox"/> Pre-Authorized Debit on Due Date |
|---|

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 | | | | |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

4

POLICIES: (See attached for details)

- FIRST ORDERS WILL ONLY BE SHIPPED WITH A FULLY COMPLETED & APPROVED CREDIT APPLICATION.
- NSF PAD: \$50.00 FEE
- 15% RESTOCKING CHARGE. WE WILL NOT ACCEPT RETURNS AFTER

- ONE YEAR FROM INVOICE DATE
- ALL ORDERS ARE SUBJECT TO A \$15.00 FOC (FUEL OFFSET SURCHARGE).
- FREIGHT AND MINIMUM ORDER POLICIES. (SEE ATTACHED POLICIES)

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+ _____



DVW Policy Agreement Details:

Payment:

- 1) First orders will only be shipped with a fully completed and approved credit application and payment prior to shipping. The person signing the application form is the person taking responsibility for all debts incurred.
- 2) PAD is the only form of payment accepted, other than email-transfers.
- 3) NSF Cheques or NSF PAD will be subject to a \$50.00 Fee.

Returns:

- 1) Restocking fee(s):
 - a. 15% to regular merchandise
 - b. 20% to seasonal and special ordered product
- 2) Condition of product must meet the applicable requirements below to be eligible for return
 - a. Tobacco: must be completely sealed in original carton packaging.
 - b. Confectionary: not opened and completely sealed in original box.
 - c. Merchandise: in resalable condition
- 3) Return availability window
 - a. 30 days
 - o Consumables ie. Food & beverages
 - o Seasonal product ie. Summer or winter specific
 - o Special order items
 - b. 90 days
 - o Regularly carried product

A completed RMA (Return Merchandise Authorization) form is required when submitting for a return request. Our blank RMA forms can be found on our website or upon request of any Direct Value Wholesale employee

Ordering:

Orders on average will ship within 48 hours from receipt. Claims for shortages must be made within 10 days after receipt of goods. All Orders are subject to a \$15.00 FOC (Fuel 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.

Freight Policy:

British Columbia: Minimum for Prepaid freight is \$1,000*. All under Minimum orders will be charged \$15.
Alberta: Minimum for Prepaid freight is \$1250*. All under Minimum orders will be charged \$25.
Sask/Man: Minimum for Prepaid freight is \$1500*. All under Minimum orders will be charged \$35.
Ontario - East: Prepaid Freight will be negotiated on each order with a starting minimum of \$2000.
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.

*Offline freight charges may apply to some addresses and will be charged at our discretion.

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NAME: _____

TITLE: _____ SIGNATURE: _____



Direct Value Wholesale
WESTHEM VENTURES LTD
PRE-AUTHORIZED DEBIT APPLICATION

PAYOR'S AUTHORIZATION FORM FOR PRE-AUTHORIZED DEBITS

| | |
|----------------------------|--|
| Payor Name(s): | |
| Address: | |
| Telephone: | Fax: |
| Contact Payable Department | Email: (Where confirmation should be sent) |

PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION (The "Processing Institution")

| | | |
|-------------------------------|---------------|----------------|
| Branch Number | Institution # | Account Number |
| | | |
| Name of Financial Institution | | |
| Branch | | |
| Branch Address | | |
| City/Province | Postal Code | |

PAYEE INFORMATION

Direct Value Wholesale
D/O Westhem Ventures Ltd
105-2510 Government St.
Penticton, BC V2A 4W6

*This form is for Business Pre-Authorized Debit Plans which relate to commercial activities of a Payor who is a corporation, organization, trade, association, government entity, profession, venture, partnership, sole proprietor, or enterprise.

1. We warrant and guarantee that the above information is accurate.
2. We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the Pre-Authorized Debit.
3. We acknowledge that this Authorization is provided for the benefit of Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against our account as listed above (the "Account") for business purposes in accordance with the Rules of the Canadian Payments Association.
4. We warrant and guarantee that persons whose signatures are authorized to sign on the Account have signed this Authorization and that the persons signing this Authorization are our authorized signing officers and are empowered to enter into this agreement
5. We hereby authorize Payee to issue Pre-Authorized Debits (as defined in Rule H1 of the Rules of the Canadian Payments Association) (The "PAD") drawn on the account for GOODS SOLD, INVOICED AND DELIVERED.
6. We hereby authorize Payee to issue PAD in a variable dollar amount up to a maximum of \$_____ or a maximum of the amount due at the time it is debited (subject to any further adjustments), at set intervals as agreed from time to time between the parties.
7. This authorization may be cancelled by both the Payor and the payee at any time upon receipt of notice by both parties.
8. We acknowledge that provision and delivery of this Authorization to Payee constitutes deliver by us to the Processing Institution. Any delivery of this Authorization to Payee regardless of the method of delivery constitutes delivery by us.
9. Unless otherwise agreed to in writing, we acknowledge and agree that Payee will provide to us, at the address provided in this Agreement:
 - a. With respect to variable amount PADs, written notice by email of the amount to be debited (the "Payment Amount") and the date(s) on which the Payment Amount debited will be posted to our Account (the "Payment Date"), at least 2 calendar days before the Payment Date of the first PAD, and such notice shall be provided every time there is a change in the Payment Amount or the Payment Dates;
 - b. With respect to variable amount PADs, including any representation or reprocessing of PADs which were returned for the reason of Non-Sufficient Funds or Funds Not Cleared, written notice of the Payment Amount and the Payment Date(s), at least 2 calendar days before the Payment Date of every PAD.
 - c. With respect to a PAD plan that provides for the issuance of a PAD in response to a direct action of ours (such as, but not limited to, a telephone instruction) requesting payee to issue a PAD in full or partial payment of a billing received by us for a payment obligation that meets the requirements of SECTION 14 of Rule H1, no notice is required.
 - d. An administration fee of \$50 will be charged for non-sufficient funds (NSF)

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. Payor may revoke their authorization at any time subject to providing 30 days' notice. We advise the Payor to obtain a sample cancellation form or additional information on their right to cancel a PAD agreement at their financial institution or by visiting www.cdnpay.ca
13. 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 7 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.

14. 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.
15. 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

Aditya Pandey
Accounting Department
Phone 250 493 7555
Fax 250 493 7511
Email: ap@mydvw.com

TAPE CHEQUE HERE