



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 of Firm: _____ Operating As: _____

Partnership _____ Proprietorship _____ Corporation _____ incorporated what year _____ Province _____

Billing Address: _____ City: _____ Province/State: _____ Postal Code _____

Shipping Address (If Different than above): _____

Postal Code/Zip Code: _____ PST # (BC ONLY) _____ TRA# _____

Credit Card # _____ Expiration Date ___/___ Visa or M/C Name on Card _____

Payment Method: Credit Card on Due Date _____ Cheque on Due Date _____ Online Payment on Due Date _____ PAD _____

Tel: () _____ Fax: () _____ E-Mail Address: _____

Owner Name _____

Home Address _____

City _____ Prov _____ Postal _____

Home Phone _____

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

FINANCIAL INFORMATION

Name	Acct#	Address	City	Phone
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TRADE REFERENCES

Name	Phone	Fax
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Name	Phone	Fax
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Name	Phone	Fax
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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 TRANSACTIONS BETWEEN THE APPLICANT AND **DIRECT VALUE WHOLESALE** UNLESS OTHERWISE PROVIDED FOR IN WRITING BY **DIRECT VALUE WHOLESALE**.

I (we) certified that the above information is true and correct and agree that payment will be **RECEIVED** at Direct Value Wholesale within 15 days of product ship date. In addition, I (we) accept that my credit card on file will be charged on the 15th day, if account has not been paid in full, and a 3% processing fee will apply on payments outside of terms. I (we) will send payment in the form of cheque, credit card, online banking or money order. All merchandise remains the property of Direct Value Wholesale until paid. We agree that any costs incurred including, but not limited to, collection cost, legal costs, etc, will be the responsibility of the applicant.

AGREEMENT

I HAVE READ AND UNDERSTAND THE TERMS & CONDITIONS. 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

Please review and sign the following Policy Agreement and return with Account Application.

- Payment:**
- 1) **First orders with Direct Value will require a Credit Card (+3%), Prepayment or Pre-Authorized Debit.** Terms after the first order will be determined by a FULLY completed and signed account application form. Please make sure that the person signing the application form is the person taking responsibility for all debts incurred.
 - 2) Payments can be made by Credit Card (**3% will be added for ALL Purchases on that invoice**) Cheque, Money order or by online/direct deposit. **Pre Authorized Debit is now available.**
 - 3) NSF Cheques will be subject to a \$50.00 Fee. NSF P.A.D. Charged as per P.A.D. Agreement.

Returns: We are introducing a **15% restocking charge** 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. **An RMA form (Return Merchandise Authorization) will be required to return product (including warranty items). 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.** We will **NOT** accept returns after one year from invoice date. Seasonal items will be subject to a **20%** restocking charge with the above criteria. Consumable items sold to Seasonal Clients will not be returnable unless they have expired during the season. **Do Not** over order consumables for your season. Items sent in error will be exempt from the restocking charge, but an RMA Form will still be required.

Ordering: Orders on average will ship within 48 hours from receipt. Claims for shortages must be made within 10 days after receipt of goods.

Effective JAN 1, 2010 we are putting in place a new Freight / Minimums Policy. The policy is as follows:

British Columbia: Minimum for free freight is **\$500.00** anywhere that **Greyhound** goes, otherwise you will be granted **up to 5% of the pre-tax total of your invoice** as a freight allowance off the actual cost of freight. We will choose the courier unless you want it sent collect then we will grant you 3% shipping allowance.

Alberta: Minimum for free freight is **\$750.00** anywhere that **Greyhound** goes, otherwise you will be granted **up to 3% of the pre-tax total of your invoice** as a freight allowance off the actual cost of freight. We will choose the courier unless you want it sent collect then we will grant you 2% shipping allowance

Saskatchewan: Minimum for free freight is **\$1000.00** anywhere that **Greyhound** goes, otherwise you will be granted **up to 3% of the pre-tax total of your invoice** as a freight allowance off the actual cost of freight. We will choose the courier unless you want it sent collect then we will grant you 2% shipping allowance.

Manitoba - East: \$200.00 minimum for up to **3%** freight allowance (depending on whether freight charges are less than the 3%) on the **pre-tax total** of your invoice. We will choose the courier unless you want it sent collect then we will grant you 2% shipping allowance.

I have read and agreed to the policies outlined above.

X

Signature



Direct Value Wholesale

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.

PH: 1.866.493.7555
 FX: 1.866.493.7511

Direct Value Wholesale
www.mydvw.com

#105 2510 Government St.
 Penticton BC V2A 4W6

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 representment 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 \$100 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. 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