



Beatties

Be your best at work.

CORPORATE CREDIT APPLICATION

Attn: Credit Department, Beatties Head Office
399 Vansickle Road, St. Catharines, Ontario L2S 3T4
Tel: (905) 688-4040 • 1(800) 263-4977 • Fax: (905) 688-6268
eMail: ardept@beatties.com

| | | |
|----------------------------------|--|---|
| Account No. | BILLING ADDRESS | SHIPPING ADDRESS |
| | Legal Business Name of Applicant _____ | (Not required if same as Billing Address) |
| | _____ | Name _____ |
| | Address _____ | Address _____ |
| | _____ Postal Code _____ | _____ |
| | Telephone Number _____ | Postal Code _____ |
| Fax No. (Accounts Payable) _____ | Telephone Number _____ | |
| | Fax No. (Accounts Payable) _____ | |

| | | | | | | |
|--|--|--|--|--------------------------------------|------------------------------|-----------------------------|
| Name | CORPORATE INFORMATION | | | | | |
| | Indicate Type of Business | Corporation <input type="checkbox"/> | Sole Proprietorship <input type="checkbox"/> | Partnership <input type="checkbox"/> | | |
| | Other please specify _____ | _____ | | | | |
| | Nature of Business _____ | No. of years in business _____ | No. of office employees _____ | | | |
| | Name of Owner/Principal _____ | Estimated annual office supply purchases _____ <small>(Minimum \$500.00 per annum purchases required)</small> | | | | |
| | Name of Buyer _____ | eMail of Buyer* _____ | | | | |
| | A/P Contact _____ | eMail of A/P contact _____ | | | | |
| | <small>Note: Statements will be emailed to the A/P contact above unless otherwise indicated.</small> | | | | | |
| | Number of Beatties Account Cards Req'd. _____ | (required for in-store shopping) | | | | |
| | Names of Account Card Holders: 1) _____ | | | | | |
| | 2) _____ | | | | | |
| | 3) _____ | | | | | |
| Do you require the use of purchase orders? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Monthly statement required? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you require our office products catalogue? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |
| <small>* We may email product information or special offers from time to time unless directed otherwise. We will not share any email address with any other party. You may unsubscribe yourself from our mailings at any time.</small> | | | | | | |

| | | | |
|---|------------------------------|--|--|
| IF COMPANY IS LESS THAN ONE YEAR OLD - PLEASE COMPLETE | | | |
| Name & Address of Principals (Owners) | | | |
| Name _____ | Name _____ | | |
| Title _____ | Title _____ | | |
| Home Address _____ | Home Address _____ | | |
| City _____ Postal Code _____ | City _____ Postal Code _____ | | |

| | | | |
|------------------------|--------------------|--|--|
| OFFICE USE ONLY | | | |
| Store of Origin _____ | Approved by _____ | | |
| Salesman # _____ | Date _____ | | |
| D C _____ | Credit Limit _____ | | |

BEATTIE STATIONERY LIMITED CREDIT AGREEMENT

In consideration of being issued a credit account permitting the purchase of goods and services from Beattie Stationery Limited (hereinafter called "Beatties") on account, the customer agrees to the following terms and conditions governing its use.

1. In the event of any loss or theft of the Beatties account card(s), the customer must phone Beatties' Accounting Office and then confirm it in writing.
2. The customer is responsible for the safekeeping and distribution of the Beatties account card to authorized employees only and for the recovery of said card if the employee's employment with the cardholder is terminated for any reason. In the event that the employment of a cardholder employee is terminated and the cardholder company is unable to recover the account card, the cardholder company must notify Beatties in writing, immediately.
3. The customer, by retaining and using the credit account agrees to pay upon receipt, the full balance of invoices as rendered for all purchases made by anyone using the credit account(s), and if applicable, for the interest levied. Terms: Net 30 days from invoice date.
4. In the event that an invoice is not fully paid within 30 days of invoice date, the unpaid balance will be charged interest, which the customer agrees to pay at the rate of 1.5% per month (18% per annum).
5. If any product in our office product catalogue is not to your complete satisfaction, you may return it free of charge within 30 days for replacement or your money back, providing you have your Beatties invoice and the original packaging. Returns are not permitted nor is credit granted on special customer orders.
6. The customer understands that the Beattie account card must be shown when making a purchase on account. Beatties account card holders must quote their Beatties account number when making a purchase in person, by telephone, or by fax.
7. The customer recognizes that the account card(s) remain the property of Beatties, may be revoked at any time and must be surrendered upon demand. It is also understood that credit on the account may be refused at any time.
8. The customer understands and agrees that the credit arrangement constitutes an agreement between the customer and Beatties and that the rights and remedies under such an agreement may be enforced by Beatties and its assignees.
9. The customer agrees to be bound by the terms and conditions that accompany the charge accounts(s). In the case of Beattie account card purchases, the above is applicable unless the Beattie account card (original, renewal, or replacement) is cut in half and both halves returned to Beattie Stationery Limited.

Subject to change without notice.

CERTIFICATION OF APPLICATION

I certify that the information on the application is correct and hereby apply for a credit account from Beattie Stationery Limited. I agree to all terms and conditions of the Beattie Stationery Limited Credit Agreement. I hereby authorize the credit references listed below to release details of my credit history to Beattie Stationery Limited.

Company Name

Authorized Signature

Date

Name and Title (please print)

PLEASE COMPLETE ALL CREDIT REFERENCES

1) Name of Bank _____
Fax Number _____

Branch Address _____
Account Number (If possible) _____

2) Trade References

A) Name Of Business _____
Fax Number _____

Address _____

B) Name Of Business _____
Fax Number _____

Address _____
