



12258 Coleraine Drive, Bolton, ON L7E 3A9

Phone: 1-866-352-6088

Fax: 1-866-393-2262

**For Credit Department Use Only**

Date Approved \_\_\_\_\_

Credit Approved By \_\_\_\_\_

Credit Limit \$ \_\_\_\_\_

**APPLICATION FOR CREDIT**

AMOUNT OF CREDIT REQUESTED: \$ \_\_\_\_\_

**COMPANY INFORMATION**

BDL # \_\_\_\_\_

License # \_\_\_\_\_

Legal Company Name \_\_\_\_\_

*(in full)*

Operational/ Trade Name \_\_\_\_\_

Affiliated Companies \_\_\_\_\_

*(Past & Present)*

Mailing Address \_\_\_\_\_

*(Street Number, City/Town, Province, Postal/Zip Code)*

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Shipping Address \_\_\_\_\_

*(Street Number, City/Town, Province, Postal/Zip Code)*

E-mail Address \_\_\_\_\_

Web Site Address \_\_\_\_\_

Date Business Commenced \_\_\_\_\_

*(MM/DD/YY)*

Date Business Incorporated \_\_\_\_\_

*(MM/DD/YY)*

Corporation ☐

Partnership ☐

Proprietorship ☐

**✓✓✓ PLEASE CHECK ONE ✓✓✓**

**OWNERS / PARTNERS / OFFICERS**

**NAME & POSITION**

**HOME ADDRESS**

1.) \_\_\_\_\_  
*(Name in full and Position)*

*(Residential Address)*

TEL. # \_\_\_\_\_

CELL # \_\_\_\_\_

S.I.N. # \_\_\_\_\_

2.) \_\_\_\_\_  
*(Name in full and Position)*

*(Residential Address)*

TEL. # \_\_\_\_\_

CELL # \_\_\_\_\_

S.I.N. # \_\_\_\_\_

3.) \_\_\_\_\_  
*(Name in full and Position)*

*(Residential Address)*

TEL. # \_\_\_\_\_ CELL # \_\_\_\_\_ S.I.N. # \_\_\_\_\_

**BANKING INFORMATION**

BANK NAME

LOCATION

1.) \_\_\_\_\_

TEL. # \_\_\_\_\_ ACCT. # \_\_\_\_\_ CONTACT \_\_\_\_\_

2.) \_\_\_\_\_

TEL. # \_\_\_\_\_ ACCT. # \_\_\_\_\_ CONTACT \_\_\_\_\_

**TRADE REFERENCES**

NAME

ADDRESS

TEL. #

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

4.) \_\_\_\_\_

Whereas \_\_\_\_\_ (hereinafter referred to as the "Applicant") has requested an credit account from Brewers Distributors Limited (hereinafter referred to as the "Seller") for the purpose of purchasing goods on credit, the following terms and conditions shall apply:

1. To pay all Brewers Distributor Ltd. Invoices in accordance with the payment terms.
2. **Credit Investigations:** The Applicant and undersigned shall provide to the Seller, on an ongoing basis, such financial information as may be requested and consents to the verification of all information contained in this Application or further documentation which may subsequently be provided in the future, and such personal credit information as may be deemed necessary. All bank and other credit references indicated, are authorized to provide whatsoever information as may be requested by Brewers Distributors Limited.
3. Customer to pay all expenses and fees for collection or enforcement hereof, including attorney's fees of not less than 30% of customer's account debt, if account is place with a third party collection agency.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Witness Name – please print)

\_\_\_\_\_  
(Applicant Name – please print)

\_\_\_\_\_  
(Per: Company Name – please print)

\_\_\_\_\_  
(Per: Company Name – please print)

\_\_\_\_\_  
(Company Address – please print)

\_\_\_\_\_  
(Company Address – please print)



Brewers Distributor Ltd  
12258 Coleraine Drive  
Bolton, ON L7E 3A9  
T: 1-866-352-6088  
F: 1-866-393-2262  
E: arwest@thebeerstore.ca

**Please complete the Pre-Authorized Debit (PAD) Plan agreement below.**

I/We authorize Brewers Distributor Ltd. (BDL), and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our institutions for weekly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our BDL account(s). Regular weekly payments for the full amount of product delivered will be debited to my/our specified account prior to delivery. BDL will provide monthly statements detailing the amount of each regular debit. BDL will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until BDL has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca)

BDL may not assign this authorization, whether directly, or indirectly, by operation of law, change of control or otherwise without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that not authorized or is not consistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**PLEASE PRINT**

DATE: \_\_\_\_\_

Name(s): \_\_\_\_\_ BDL Customer Number: \_\_\_\_\_

Type of Service: Personal \_\_\_\_\_ Business \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_

Financial Institution (FI): \_\_\_\_\_

FI Account Number: \_\_\_\_\_ FI Transit Number: \_\_\_\_\_

(branch- 5 digits; FI- 3 digits)

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_

**LEGEND**

① Date and Signature

② Authorization to Debit Specific Accounts

③ PAD Category (personal, business, funds, transfer)

④ Amount/ Timing

⑤ Cancellation of Agreement

⑥ Recourse Statement

**\*PLEASE ENCLOSE A SPECIMEN OF YOUR CHEQUE MARKED  
VOID\***

## **Terms and Conditions**

The person executing this Authorization (the "Payor") acknowledges that this Authorization is provided for the benefit of Brewers' Distributor Ltd. (the "Payee") and the Payor's financial institution (the "Processing Institution") and is provided in consideration of the Processing Institution agreeing to process debits against the Payor's account in accordance with the Rules of the Canadian Payments Association.

The Payor warrants and guarantees that all persons whose signatures are required to sign on the Payor's account have signed this Authorization

The Payor acknowledges that provision and delivery of this Authorization to the Payee constitutes delivery by the Payor to the Processing Institution. Any delivery of this Authorization to the Payee constitutes delivery by the Payor.

Each pre-authorized debit ("PAD") under this Authorization is for business purposes.

The Payor acknowledges that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of this Authorization including, but not limited to, the amount.

The Payor acknowledges that the Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honouring a PAD issued or caused to be issued by the Payee on the Payor's account.

The Payor acknowledges that no pre-notification requirements exist for debits to be drawn. The Payor and the Payee agree to waive any pre-notification requirements.

The account that the Payee is authorized to draw upon is indicated in this Authorization. If available, a specimen cheque for this account had been marked "VOID" and attached to this Authorization. The Payor undertakes to inform the Payee, in writing, of any changes in the account information provided in this Authorization, immediately after such changes are known to avoid any PAD being dishonoured in the hands of the Payee.

This Authorization may be cancelled at any time upon written notice by the Payor to the Payee. The Payor acknowledges that in order to revoke this Authorization, the Payor must provide written notice of revocation by registered mail to the Payee, which notice must be received by the Payee at least 10 business days prior to the effective date of the revocation. The written notice of revocation must be sent to the address of the Payee as shown on this Authorization. Revocation of this authorization does not terminate any contract for goods or services that exists between the Payor and the Payee. This Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged/

If the Payor believes a PAD was incorrectly charged to its account, the Payor will contact the Payee directly. Failing agreement on the PAD in question, the Payor must dispute the PAD as provided below.

A PAD may be disputed by the Payor under the following conditions:

- a) The PAD was not drawn in accordance with this Authorization; or
- b) This Authorization was revoked in accordance with its terms

The Payor, in order to be reimbursed, acknowledges that a declaration to the effect that either (a) or (b) took place, must be completed in the required business form and presented to the branch of the Processing Institution holding the Payor's account up to and including 10 business days after the date on which the PAD in dispute was posted to the Payor's account. The Payor acknowledges that a claim on the basis that the Payor's Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and the Payor when disputing any PAD after 10 business days.

The Payor consents to disclosure of any personal information that may be contained on this Authorization to the financial institution of the Payee, as far as any such disclosure of personal information is directly related to and necessary for proper application of Rule H4 of the Canadian Payments Association, which is applicable to PADs.

The Payor acknowledges its understanding of, acceptance of participation in this PAD plan. The Payor acknowledges receipt of a copy of this Authorization.