



Please email completed applications to **credits_PW@pacwestsystems.com**, or send by mail to Head Office

CREDIT AGREEMENT

Name of Person or Business:			
Business Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company			Credit Requested: \$
Address:		City:	Province: Postal Code:
Telephone No:		Cell No:	Fax No:
Years in business:	PST Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No PST #:	Email:	

SHAREHOLDER(S) OR DIRECTOR(S):

Name:		Name:	
Address:		Address:	
City, Province, Postal Code:		City, Province, Postal Code:	
Home Phone No:	Cell Phone No:	Home Phone No:	Cell Phone No:
SIN #:	Birth date:	SIN #:	Birth date:
Home: <input type="checkbox"/> Own Mortgage: \$ <input type="checkbox"/> Rent Rent/ month: \$		Home: <input type="checkbox"/> Own Mortgage: \$ <input type="checkbox"/> Rent Rent/ month: \$	
Spouse's Name:		Spouse's Name:	

SUPPLIER REFERENCES:

Name:	Tel No:	Fax No:
Name:	Tel No:	Fax No:
Name:	Tel No:	Fax No:

BANK REFERENCE:

Bank:	Branch:	Tel No:	Fax No:
Account No:		Contact:	
Name on Credit Card:	Number:	Expiry Date:	

CREDIT AGREEMENT: TERMS: NET 15th MONTH FOLLOWING DATE OF INVOICE

The undersigned hereby request credit accommodation from PACIFIC WEST SYSTEMS SUPPLY LTD. and agree to pay for all purchases in accordance with the terms stated above. I/we further agree to pay a service charge on any amounts past due calculated at a rate of 26.88% per annum (2% per month) calculated compounded monthly. In addition I/we authorize Pacific West Systems Supply Ltd. to process my/our credit card for any delinquent invoices and/or invoices in excess of my/our credit limit. Invoices shall be deemed correct unless disputed by me/us in writing within 15 days of the invoice date. In the event I/we default in payment of any amount due, I/we agree to pay the actual legal cost, charges and expenses incurred by Pacific West Systems Supply Ltd. in connection with the collection of this account. I/we acknowledge and authorize Implied and Express consent for Pacific West Systems Supply Ltd. to send my/our business Commercial Electronic Messages (CEM's) as part of Canada's Anti-Spam Legislation (CASL).

I/WE AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE AND I/WE HAVE NOT WITHHELD ANY INFORMATION. I/WE AUTHORIZE PACIFIC WEST SYSTEMS SUPPLY LTD. TO GIVE TO, OBTAIN, VERIFY, SHARE AND EXCHANGE CREDIT AND OTHER INFORMATION ABOUT ME/US WITH OTHERS, INCLUDING CREDIT BUREAUS AND OTHER PERSONS WITH WHO YOU MAY HAVE FINANCIAL DEALINGS, AS WELL AS ANY OTHER PERSON AS MAY BE PERMITTED OR REQUIRED BY LAW.

I/we promise, upon request from Pacific West Systems Supply Ltd., to provide our financial statements of business within 30 days of the date the financial statements are completed by either ourselves or our accountant.

AUTHORIZED SIGNATURE: _____ DATE: _____

SALES REPRESENTATIVE: _____ BRANCH: _____



**Pacific West
Systems Supply Ltd.**
20109 Logan Avenue
Langley, BC V3A 4L5
Ph: 604-534-2060 Fax: 604-534-8063

PERSONAL GUARANTEE

IN CONSIDERATION OF all loans, advances and other credit now or hereafter granted by **PACIFIC WEST SYSTEMS SUPPLY LTD. (PacWest)** to _____

("the Customer"), I HEREBY UNCONDITIONALLY GUARANTEE to PacWest the payment of all debts and liabilities of the Customer to PacWest wherever, whenever and however incurred, including all interest, interest on arrears of interest, commissions and actual legal and other costs, charges and expenses incurred by PacWest in connection with the Customer's account. This is a continuing guarantee and my liability under this guarantee is UNLIMITED.

PacWest has the right to vary the terms of the agreement between the Customer and PacWest IN ANY WAY, including but not limited to increasing the credit of the Customer, increasing the rate of interest and granting indulgences to the Customer, without in any way limiting or lessening my liability under this guarantee.

PacWest will not be required to exhaust its remedies against the Customer or any other guarantor before being entitled to payment from me.

My liability under this guarantee will not be discharged or in any way affected by the bankruptcy, insolvency or assignment in favor of creditors of the Customer.

My liability under this guarantee will not be discharged or affected by my death, or the death of any other guarantor, and this shall ensure to the benefit of and be binding upon PacWest, its successors and assigns, and my heirs, executors, administrators, successors and assigns.

If there is more than one guarantor, we will be jointly and severally liable under this guarantee. Therefore, in the event of default, I may be liable for the entire indebtedness of the Customer, even though there may be more than one guarantor.

I agree to provide PacWest with up-to-date financial statements, if requested by PacWest, and to make a general or specific assignment of accounts receivable in favor of PacWest, if requested by PacWest.

I expressly waive any rights I may have as a guarantor that are at any time inconsistent with this agreement.

IN WITNESS WHEREOF I have hereunto set my hand this ____ day of _____ A.D. 20__.

I UNDERSTAND THAT PACWEST RECOMMENDS I SEEK INDEPENDENT LEGAL ADVICE PRIOR TO SIGNING THIS DOCUMENT.

_____ (initial)

"I HAVE READ AND UNDERSTAND THE ABOVE"

SIGNED, SEALED & DELIVERED

_____) _____
GUARANTOR WITNESS

_____) _____
NAME (PRINT) NAME (PRINT)

_____) _____
ADDRESS ADDRESS

SCHEDULE
THE GUARANTEES ACKNOWLEDGEMENT ACT
CERTIFICATE OF NOTARY PUBLIC

I HEREBY CERTIFY THAT:

1. _____, in the Province of Alberta, the Guarantor in the attached Guarantee dated the _____ day of _____, _____, made between PACIFIC WEST SYSTEMS SUPPLY LTD. and _____ to which this Certificate is attached or noted upon, appeared in person before me and acknowledged that he/she had executed the Guarantee.

2. I satisfied myself by examination of him/her that he/she is aware of the contents of the Guarantee and understands the contents thereof.

GIVEN at the City of _____, in the Province of Alberta this ____ day of _____, _____, under my hand and seal of office.

Signature of Notary Public

Print Name
A NOTARY PUBLIC IN AND FOR THE PROVINCE
OF ALBERTA

I am the person named in this Certificate.

Signature of Guarantor

Print Name