

20109 Logan Avenue Langley, BC V3A 4L5 **Ph:** 604-534-2060 **Fax:** 604-534-8063

Systems Supply Ltd. Please em	iail comple	eted applications to <b>c</b>			, and send original b	by mail to Head Office
Legal Name of Person of	or Busine	ss ("Customer"):	CREDIT	T AGREEMENT		
Degai i vaine of i ergon o	or Busine	os ( Castollier ).				
Business Type: ☐ Sole Proprietorship ☐ Partnership ☐ I				Limited Company	Credit Requested: \$	
Address: City:					Province:	Postal Code:
Telephone No: Cell No:				Fax No:		
Years in business:	PST Exempt: ☐ Yes ☐ No PST #:			Email:		
SHAREHOLDER(S)	OR DIRI	ECTOR(S):				
Name:				Name:		
Address:				Address:		
City, Province, Postal Code:			City, Province, Postal Code:			
Home Phone No:		Cell Phone No:		Home Phone N	o:	Cell Phone No:
SIN #:		Birth date:		SIN #:		Birth date:
Home:  Own Mortgage: \$  Rent Rent/ month: \$			Home:			
Spouse's Name:				Spouse's Name	<b>:</b>	
SUPPLIER REFERE	NCES:					T =
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:	
ated above. I/we further agree a addition, I/we authorize Pactivoices shall be deemed correct pay the actual legal cost, chauthorize that Pacific West System and their day, interest rate, or an any at their discretion, allow the WE AFFIRM THAT THE A	to pay a se- ific West S ct unless dis urges and ex- stems Suppl ny other terr ie 'Custome BOVE INF UPPLY LT	ommodation from PACI rvice charge on any amoustems Supply Ltd. to puted by me/us in writingenses incurred by Pacific y Ltd., to have the right of this agreement, from this agreement, from the exceed the establish ORMATION IS TRUED. TO GIVE TO, OBT.	unts past due caprocess my/our ng within 15 day iffic West Syster nt, based on its om time to time, when credit limit.	alculated at a rate of 26.8 credit card for any delinys of the invoice date. In ms Supply Ltd., in connectation of the creditor without notice to cancer.  ETE AND I/WE HAVE SHARE AND EXCHAN	and agrees to pay for 18% per annum (2% per	all purchases in accordance with the terrer month) calculated compounded month r invoices in excess of my/our credit lim t in payment of any amount due, I/we agrion of this account. I/we acknowledge a stomer' to amend the credit limit, requiring time. Pacific West Systems Supply Lt NY INFORMATION. I/WE AUTHORIZ OTHER INFORMATION ABOUT ME/U

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: \_\_ BRANCH: SALES REPRESENTATIVE:



NAME (PRINT)

ADDRESS

#### PERSONAL GUARANTEE

IN CONSIDERATION OF all loans, advances and other credit now or hereafter granted by PACIFIC WEST SYSTEMS SUPPLY LTD. ("PacWest") to ("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. The Guarantor acknowledges that PacWest may increase, decrease, or cancel the Customer's credit without notice to the Guarantor. 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 (seal) (seal) GUARANTOR WITNESS

NAME (PRINT)

ADDRESS

# SCHEDULE

## THE GUARANTEES ACKNOWLEDGEMENT ACT

## (ALBERTA)

## I HEREBY CERTIFY THAT:

1.		, in the Province of Alberta, the Guarantor in the					
		day of,,, made between PACIFIC					
	WEST SYSTEMS SUPPLY LTD. and						
	to which this Certificate is attack acknowledged that he/she/they have	ned or noted upon, appeared in person before me and executed the Guarantee.					
2.	I satisfied myself by examination of him/her/they, that he/she/they are aware of the contents of						
	the Guarantee and understands the	contents thereof.					
GIVE	EN at the City of	, in the Province of Alberta this day of					
	,, under my hand an	d seal of office.					
		Signature of ACTIVE MEMBER OF THE LAW SOCIETY OF ALBERTA					
		Print Name of ACTIVE MEMBER OF THE LAW SOCIETY OF ALBERTA					
I am	the person named in this Certificate.						
		Signature of Guarantor					
		Print Name					