

The undersigned wishes to become a member of WESTERN DRUG DISTRIBUTION CENTER LIMITED, a co-operative incorporated under "The Co-operative Associations Act" and continued under the Cooperatives Act of the Province of Alberta and hereby subscribes for and agrees to take up one share in WESTERN DRUG DISTRIBUTION CENTER LIMITED at a price of ONE THOUSAND (\$1,000.00) DOLLARS per share.

The undersigned has read the qualifications for membership listed and subject to this application being approved represents that he/she otherwise meets the requirements of members and agrees to abide by the qualifications of membership as provided in the By-laws of WESTERN DRUG DISTRIBUTION CENTER LIMITED.

**DATED this, \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_**

**LEAD PRACTICE INFORMATION**

Legal Business Name: \_\_\_\_\_

attached is Certificate of Incorporation     company is listed as Professional Corporation     I am a sole proprietor (provide SIN)

Sole Proprietor requires a social insurance number to be held in confidence at WDDC \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Actual Clinic Name:** \_\_\_\_\_

Corporate RC # tax number (registered corporation #) (RC#) \_\_\_\_\_ RC000\_\_\_\_\_

Main *shipping* Address: \_\_\_\_\_

Bay#: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: (        ) \_\_\_\_\_ Fax: (        ) \_\_\_\_\_

Main clinic email: \_\_\_\_\_ main clinic contact(s): \_\_\_\_\_

Shipping Preference:     Purolator     Loomis     ATS

Main *mailing* Address (if different than above): \_\_\_\_\_

Box#: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**PRINCIPAL(S) / OFFICER(S)**

Last Name	First Name	Title/Position*	%Ownership	Provincial License #
1. _____				
2. _____				
3. _____				

\* eg: DVM / Office manager / Technician /

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**Admin. (780) 413-2508 • Order Desk (780) 413-2163/1-877-746-9332 • Fax (780) 413-2530 • Toll Free Fax 1-800-329-9332**

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**BUSINESS INFORMATION**

Year Business Started: \_\_\_\_\_ 20\_\_\_\_ Year Present Ownership Established: \_\_\_\_\_ 20\_\_\_\_

Clinic Type:  Large Animal  Companion Animal  Mixed Animal ( \_\_\_\_% CA \_\_\_\_% LA)  Equine  Other (\_\_\_\_\_)

Practice Management Software used: \_\_\_\_\_

Internet Capable:  Yes  No Website info: \_\_\_\_\_

Expected Monthly Purchases: \_\_\_\_\_ Expected Yearly Purchases: \_\_\_\_\_

**BANK REFERENCE**

Name of Bank: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Branch Location: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**CREDIT REFERENCES**

Company Name	Address	City	Province	Telephone #
1. _____				
2. _____				
3. _____				

**PAYABLES CONTACT INFORMATION**

Contact person: #1 \_\_\_\_\_ #2 \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ ext# \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

EMAIL #1: \_\_\_\_\_ EMAIL #2: \_\_\_\_\_

**Payment Methods:**

Online Banking to WDDC  EFT (electronic funds transfer form attached)  Cheque  Credit Card (form attached)

**How would you like to receive your statements?**

Email: \_\_\_\_\_  Fax: \_\_\_\_\_

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I agree to abide by the terms and conditions listed in this Application and those that from time to time may be set forth in the WDDC catalogue. I authorize WDDC to obtain all credit and other necessary personal information from credit agencies and veterinary associations that it deems necessary and to share such information with credit agencies and veterinary associations in order to accept this Application and in order for WDDC to continue to supply product to me.

I further authorize WDDC to collect, use and disclose information about me and the products purchased by me, for the purposes of: a) establishing and maintaining effective responsible relations with customers and veterinary associations; b) understanding customers' needs and preferences for their future products/service requirements to ensure adequate supplies of inventory from suppliers/manufacturers; c) ensuring customer information is accurate and up-to-date in order to continue providing them with ongoing products and services; d) protecting each of us against error or fraud; e) developing, marketing and enhancing products and services to customers; and f) as required by law.

*All information pertaining to credit card, social insurance and home phone numbers will be held in secure location within WDDC*

**Payment Terms**

Orders placed between the 1<sup>st</sup> to the 15<sup>th</sup> of any given month are due the end-of-the-month. Orders placed between the 16<sup>th</sup> to the 30<sup>th</sup> of any given month are due on the 15<sup>th</sup> of-the-following-month. WDDC statement periods are the 15<sup>th</sup> and the last day of every month. A prompt payment discount of 2.00% (before GST) is given to members that are current and pay within WDDC terms.

Title does not pass from WDDC until merchandise is paid for.

Regardless of the location to which orders filled by WDDC may be delivered, the legal entity identified as the Lead Practice on this Application will be solely liable to WDDC for payment of all orders filled by WDDC. It is the responsibility of the applicant to advise WDDC of any change of ownership of any alternate site.

Any accounts that have a balance in excess of 30 days will incur a 0.75% interest charge per statement period (19.64% per annum). Shipments on past due accounts will be put on hold until payment arrangements have been made. Any charge backs are subject to a \$25.00 service charge.

Orders under the \$100 minimum ship requirement or in far reaching "beyond" locations may be subject to a \$25.00 per order freight charge (this excludes controlled substance orders).

On behalf of all employees of this company, I consent to receive all 'commercial electronic messages' (CEMs) from Western Drug Distribution Center ("WDDC"). These CEMs may pertain to: dissemination of general information, noticed, update, clippings, requests for comments, briefings, minutes and any other information that WDDC deems necessary to carry out its day to day business"

**Authorized Signature(s)** \_\_\_\_\_  
**having signing authority** (signature)  
**for Practice**

\_\_\_\_\_  
(printed name)

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**Attached to this Member Application are**

- Current Certificate of Incorporation
- Cheque for Share amount of \$1,000 (*see Option A*)
- Please apply \$1,000 share payment (plus service fee) to my VISA / MASTER CARD (*see Option A*)
- I wish to apply accrued dividends based on my purchases through WDDC to my \$1,000 share (*see option B*) signed copy attached
- I wish to have 26 payments of \$43.86 applied to my statement for payment of the \$1,000 share (*see option C*) signed copy attached

*All options are pending WDDC Board of Director approval and may be reversed; changed or rejected please refer to WDDC by-laws enclosed in account confirmation Email sent once Member account is set up.*

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**OPTION A – share payment via Cheque or credit card  
DIRECT PAYMENT TO ACQUIRE A SHARE IN  
WESTERN DRUG DISTRIBUTION CENTER LIMITED**

Enclosed please find our cheque in the amount of \$1,000 payable to Western Drug Distribution Center Limited

Please apply \$1,000 for the WDDC Share to the indicated credit card

Date \_\_\_\_\_

Clinic Name \_\_\_\_\_

Card Holder Name \_\_\_\_\_

My VISA® # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_ CVC Code \_\_\_\_\_

My MASTERCARD® # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_ CVC Code \_\_\_\_\_

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

***I agree to the above terms and authorize WDDC to charge \$1,000.***

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**OPTION B – Share procurement through patronage  
PROMISSORY NOTE TO ACQUIRE A SHARE IN  
WESTERN DRUG DISTRIBUTION CENTER LIMITED**

The intent of this note is to enable you to enjoy all the benefits membership brings without the initial \$1,000.00 investment outlay. This note will be used to authorize Western Drug Distribution Center Limited to obtain the sufficient funds necessary to purchase one common share by using the patronage allocations you will earn while you are a member. Upon approval of your application for membership, you will have immediate access to the following shareholder privileges:

- 1 vote per common share
- Annual dividends based on your purchases
- Value Pack Pet food pricing
- Affinity programs
- Case lot discount program
- Waste disposal program

**Terms and Conditions**

The undersigned applicant promises to pay to Western Drug Distribution Limited (“WDDC”) the principal sum (“Principal Sum”) of \$1,000.00 together with the interest as set out below. Subject to the Articles and By-laws of WDDC, the Principal Sum and all interest thereon shall be paid to WDDC by using the patronage allocations earned by the undersigned. *The undersigned acknowledges that if during any fiscal year the value of the patronage allocations for the undersigned is less than One Hundred (\$100.00) Dollars, such patronage allocations will not be credited towards the payment of the Principal Sum.*

The undersigned hereby authorize WDDC to apply patronage allocations earned by the undersigned to pay for the Principal Sum and Interest.

The undersigned hereby irrevocably assigns all patronage allocations earned by the undersigned to WDDC until the Principal Sum and interest is paid in full.

If the undersigned applicant ceases to be a member of WDDC in good standing, then WDDC reserves the right without notice to cancel and revoke the undersigned’s common share, and all payments made by the undersigned to WDDC to date pursuant to this Promissory Note and all patronage allocations that may have been payable to the undersigned will become the property of and be retained by WDDC.

The undersigned hereby waives presentment for payment, notice of dishonor, protest and notice of protest.

I, \_\_\_\_\_ hereby wish to apply for the payment program set forth above and agree to the terms and conditions outlined in this letter.

**Principle Sum                      \$1,000.00**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If you choose to purchase a share via a Promissory Note, please include this signed form with your application for membership.**

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**OPTION C – payment plan  
PROMISSORY NOTE TO ACQUIRE A SHARE IN  
WESTERN DRUG DISTRIBUTION CENTER LIMITED**

The intent of this note is to enable you to enjoy all the benefits membership brings without the initial \$1,000.00 investment outlay. This note will be used to borrow from Western Drug Distribution Center Limited the sufficient funds necessary to purchase one common share. Upon approval of your application for membership, you will have immediate access to the following shareholder privileges:

- 1 vote per common share
- Annual dividends based on your purchases
- Value Pack Pet food pricing
- Affinity programs
- Case lot discount program
- Waste disposal program

**Terms and Conditions**

The undersigned applicant promises to pay to Western Drug Distribution Limited (“WDDC”) the principal sum (“Principal Sum”) of \$1,000.00 together with the interest as set out below. The Principal Sum and all interest thereon shall be paid to WDDC in 24 equal installments, each in the amount set forth below and such installments will be added to the undersigned’s statement of account with WDDC over such 12 month period.

If the undersigned applicant defaults in either the repayment of the Principal Sum and interest or in the payment of its trade account with WDDC, then WDDC reserves the right without notice to cancel and revoke the undersigned’s common share, and all payments made by the undersigned to WDDC to date pursuant to this Promissory Note and all patronage allocations that may have been payable to the undersigned will become the property of and be retained by WDDC.

The undersigned hereby waive presentment for payment, notice of dishonor, protest and notice of protest.

I, \_\_\_\_\_ hereby wish to apply for the share loan and agree to  
(Print Name Here)

the terms and conditions as outlined in this letter.

Principle Sum	\$1000.00
Interest Rate	5.25%
Total Amount	\$1052.50
Amount to be applied to each statement	\$ 43.86

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you choose to purchase a share via Promissory Note, please include this signed form with your application for membership.**

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