

The undersigned wishes to become a non-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.

The undersigned has read the qualifications To Purchase under a "Non-Member/Customer Status" and that he/she otherwise meets the requirements to purchase products and agrees to abide by the qualifications.

DATED this: _____ **day of** _____ **A.D. 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 /

Corporate – Head Office
17611 109A Avenue
Edmonton, Alberta T5S 2W4

Edmonton Distribution Center
17611 109A Avenue
Edmonton, Alberta T5S 2W4

Winnipeg Distribution Center
1600 Inkster Boulevard
Winnipeg, Manitoba R2X 2W4

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

Website: <http://www.wddc.com> • **e-mail:** mSERVICE@wddc.com



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: _____

BANKING INFORMATION

New Non Members are required to complete a credit card application form for payment (see attached). Once credit history has been established (over a period of one year or otherwise determined by WDDC finance department) then other methods of payment will be accepted (eg: EFT, cheques, on line banking or pre-authorized).

A prompt payment discount of 2.00% (before GST) is given to members that are current and pay within WDDC terms.

PAYABLES CONTACT INFORMATION

Contact person: #1 _____ **#2** _____

Phone #: () _____ ext# _____ Fax #: () _____

EMAIL #1: _____ EMAIL #2: _____

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

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 catalog. 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. For Non-member accounts WDDC does require a valid credit card and credit card payment authorization form to be completed and included with this application. Orders must be processed on this credit card before product can be processed for shipping.

I further authorize WDDC to collect, use and disclose information about 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.

PAYMENT TERMS

Orders placed between the 1st to the 15th of any given month are due the end-of-the-month. Orders placed between the 16th to the 30th of any given month are due on the 15th of-the-following-month. WDDC statement periods are the 15th and the last day of every month. 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.

Authorized Signature(s) _____ **X** _____

Corporate – Head Office
17611 109A Avenue
Edmonton, Alberta T5S 2W4

Edmonton Distribution Center
17611 109A Avenue
Edmonton, Alberta T5S 2W4

Winnipeg Distribution Center
1600 Inkster Boulevard
Winnipeg, Manitoba R2X 2W4

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

Website: <http://www.wddc.com> • **e-mail:** mservice@wddc.com



