



ALTERNATE "SHIP TO" SITE APPLICATION

The undersigned is a member of WESTERN DRUG DISTRIBUTION CENTER LIMITED, a co-operative incorporated under "The Co-operative Associations Act" of the Province of Alberta and hereby has taken one share in WESTERN DRUG DISTRIBUTION CENTER LIMITED at a price of ONE THOUSAND (\$1000.00) 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 therein provided By-Laws of WESTERN DRUG DISTRIBUTION CENTER LIMITED.

This account is linked to main account: _____ **Dated this,** _____ **day of** _____ **20** _____

Main lead practice name: _____ **Lead Practioners:** _____

Alternate Clinic Name: _____

Corporate RC # tax number (registered corporation #) (RC#) _____ RC000 _____

Alternate account shipping Address: _____

Bay#: _____ City: _____ Prov: _____ Postal Code: _____

Telephone Number: () _____ Fax: () _____

Purchasing Email: _____ Purchasing contact(s): _____

Program type: Veterinary Teaching AHT / RVT VOA / VOM Humane Society Zoo Veterinary Clinic
 other _____

Shipping Preference: Purolator Loomis ATS

LEAD PRACTIONERS (veterinarian responsible for the account and the product going into the facility):

Last Name	First Name	Title/Position	% of ownership	Provincial License #
1. _____	_____	(DVM)	_____	_____
2. _____	_____	(DVM)	_____	_____
3. _____	_____	(DVM)	_____	_____

PAYABLES CONTACT INFORMATION

Contact person: #1 _____ #2 _____

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

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: _____

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 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 Facility 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 lead practioners of any facility.

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

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.

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 Alternate account

(printed name)