



3309 Roblin Blvd.  
 Winnipeg, MB R3R 0C2  
 Phone: (204) 475-5453, Fax: (204) 282-6129

## Confidential Application Agreement

### Billing Information

Full Legal Name: \_\_\_\_\_ Business # \_\_\_\_\_ Phone/Fax # \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Shipping Address (If Different): \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 How long have you been in business? \_\_\_\_\_ Type of business: \_\_\_\_\_ Proprietorship, \_\_\_\_\_ Partnership,  
 \_\_\_\_\_ Limited Partnership, \_\_\_\_\_ Limited Corporation  
 Annual Sales Volume: \_\_\_\_\_ Estimated Yearly Purchases: \_\_\_\_\_

### Business Credit Application (only fill out if applying for credit, if not skip the following 3 sections)

Principal Owner/Partner: \_\_\_\_\_ Title(s): \_\_\_\_\_  
 Contact Person(s): \_\_\_\_\_ GST/PST Number: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Secondary Owner/Partner: \_\_\_\_\_ Title(s): \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Credit Amount Requested: \$** \_\_\_\_\_

### Financial Institution Reference

Financial Institution: \_\_\_\_\_ Contact: \_\_\_\_\_ Account # \_\_\_\_\_  
 Address of Financial Institution \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone/Fax # \_\_\_\_\_

### Trade References

1. Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
2. Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
3. Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

THE UNDERSIGNED, BY THE EXECUTION OF THIS CREDIT APPLICATION, AGREES THAT IT SHALL PAY FOR ALL OUTSTANDING BALANCES PER TERMS AS AGREED BETWEEN BOTH PARTIES. IN THE EVENT THIS ACCOUNT IS REFERRED TO AN ATTORNEY FOR COLLECTION, THE PARTIES AGREE TO PAY ANY AND ALL COSTS INCURRED, INCLUDING ATTORNEY FEES, DUE TO THIS ACTION.

Auth. Signature \_\_\_\_\_ (Print Name) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

### INDIVIDUAL PERSONAL GUARANTEE

I, \_\_\_\_\_ RESIDING AT (ADDRESS) \_\_\_\_\_ FOR AND IN CONSIDERATION OF YOUR EXTENDING CREDIT AT MY REQUEST TO (COMPANY) \_\_\_\_\_ (HEREINAFTER REFERRED TO AS THE "COMPANY"), OF WHICH I AM (TITLE) \_\_\_\_\_, HEREBY PERSONALLY GUARANTEE TO YOU THE PAYMENT AT PET FOOD SOURCE. IN THE CITY OF WINNIPEG ANY OBLIGATION OF THE COMPANY AND I HEREBY AGREE TO BIND MYSELF TO PAY YOU ON DEMAND ANY SUM WHICH MAY BECOME DUE TO YOU BY THE COMPANY WHENEVER THE COMPANY SHALL FAIL TO PAY THE SAME. IT IS UNDERSTOOD THAT THIS GUARANTEE SHALL BE A CONTINUING AND IRREVOCABLE GUARANTEE AND INDEMNITY FOR SUCH INDEBTEDNESS OF THE COMPANY. I DO HEREBY WAIVE NOTICE DEFAULT, NON-PAYMENT AND NOTICE HEREOF AND CONSENT TO ANY MODIFICATION OF RENEWAL OF CREDIT AGREEMENT HEREBY GUARANTEE.

Auth. Signature \_\_\_\_\_ (Print Name) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_