



45750 AIRPORT ROAD  
CHILLIWACK, BC V2P 1A2  
AUTO: 604.795.9411  
HARDWARE: 604.792.1219

5674 VEDDER ROAD  
CHILLIWACK, BC V2R 3N2  
AUTO: 604.858.9318  
HARDWARE: 604.858.5289

31748 SOUTH FRASER WAY  
ABBOTSFORD, BC V2T 1T9  
AUTO: 604.853.2886



OFFICE USE ONLY	
Account #	Discount Code:
Sales Rep:	Approved By:
Credit Limit:	Date Opened:

Completed Customer Account Application can be emailed to ar@fortins.com, faxed to 604.795.6050 or mailed/delivered to 45750 Airport Road, Chilliwack, B.C. V2P 1A2. Review, complete, and sign all pages. Please call 604-795-5173 with any questions. Please allow 5 - 10 business days for processing this application. Thank you.

### ACCOUNT APPLICANT

DATE \_\_\_\_\_

LEGAL NAME \_\_\_\_\_

TRADING NAME (IF DIFFERENT FROM LEGAL NAME) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

EMAIL FOR RECEIVING MONTHLY STATEMENT \_\_\_\_\_

PHONE # \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

CITY \_\_\_\_\_

PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

BODY SHOP VENDOR # \_\_\_\_\_

MONTHLY CREDIT REQUIRED \_\_\_\_\_

PROVINCE TAX # \_\_\_\_\_

G.S.T. # \_\_\_\_\_

### TYPE OF ACCOUNT

CREDIT ACCOUNT

Credit Terms are Net 10days. All accounts are due on the tenth (10th) of the following month. See additional notes to right.

CASH ACCOUNT

Payment is due at the time of purchase, payable by cash, major credit card (Visa or Master Card), debit card or personalized cheque. Personal cheque requires either a valid B.C. drivers licence or B.C. I.D. card and a major credit card.

NEW BUSINESS:  YES  NO YEAR ESTABLISHED \_\_\_\_\_

BUSINESS TYPE LIMITED  SOLO PROPRIETORSHIP  PARTNERSHIP

- |                                    |  |                                       |
|------------------------------------|--|---------------------------------------|
| <input type="radio"/> AGRICULTURAL | <input type="radio"/> FULL AUTO REPAIR | <input type="radio"/> MARINE          |
| <input type="radio"/> BODY SHOP    | <input type="radio"/> HEAVY EQUIPMENT  | <input type="radio"/> MUFFLER SHOP    |
| <input type="radio"/> CONSTRUCTION | <input type="radio"/> JANITORIAL       | <input type="radio"/> MOBILE MECHANIC |
| <input type="radio"/> FABRICATING  | <input type="radio"/> MACHINE SHOP     | <input type="radio"/> QUICK LUBE      |
| <input type="radio"/> FLEET        | <input type="radio"/> MANUFACTURING    | <input type="radio"/> OTHER _____     |

CURRENT NUMBER OF STAFF \_\_\_\_\_ ESTIMATED ANNUAL VOLUME \_\_\_\_\_

HAS THE APPLICANT EVER BEEN BANKRUPT  YES  NO

### EMPLOYMENT

ARE YOU EMPLOYED BY THE APPLICANT?  YES  NO

IF YOU ANSWERED **NO** TO THE QUESTIONS ABOVE, PLEASE FILL IN THE FOLLOWING:

EMPLOYER \_\_\_\_\_

WORK PHONE # \_\_\_\_\_ LENGTH OF EMPLOYMENT \_\_\_\_\_

### STATEMENT & BILLING INFORMATION

WILL YOU REQUIRE PO'S (PURCHASE ORDERS) BE USED?  YES  NO

HOW WOULD YOU LIKE YOUR MONTHLY STATEMENT SENT?

EMAILED  PAPER MAILED

WOULD YOU LIKE EACH INVOICE AUTOMATICALLY EMAILED?  YES  NO

### CREDIT ACCOUNT - PAYMENT INFORMATION

WILL YOU PAY YOUR MONTHLY STATEMENT BY:

CREDIT CARD

VISA  MASTERCARD

EFT (DIRECT PAYMENT VIA BANK TRANSFER)  
 CHEQUE

CARD HOLDER NAME \_\_\_\_\_

EXPIRY \_\_\_\_\_

### BANK INFORMATION

BANK \_\_\_\_\_

BRANCH \_\_\_\_\_

### CREDIT REFERENCES (3 REQUIRED)

**1.** \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

**2.** \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

**3.** \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

## ACCOUNTS PAYABLE CONTACT

NAME PHONE #

## PLEASE PROVIDE THE INFORMATION FOR ALL OFFICERS, PARTNERS AND OWNERS

A COPY OF ALL OWNER'S DRIVERS LICENSES' MUST BE SUBMITTED WITH THE APPLICATION FOR ID VERIFICATION

1.

FIRST NAME MIDDLE NAME

LAST NAME

TITLE

ADDRESS CITY

PROVINCE POSTAL CODE

PHONE #

S.I.N. DATE OF BIRTH (M/D/Y)

2.

FIRST NAME MIDDLE NAME

LAST NAME

TITLE

ADDRESS CITY

PROVINCE POSTAL CODE

PHONE #

S.I.N. DATE OF BIRTH (M/D/Y)

3.

FIRST NAME MIDDLE NAME

LAST NAME

TITLE

ADDRESS CITY

PROVINCE POSTAL CODE

PHONE #

S.I.N. DATE OF BIRTH (M/D/Y)

## APPLICANT AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

TO: FORTIN'S LTD. - OFFICE  
45750 AIRPORT ROAD, CHILLIWACK. B.C.

In consideration of Fortin's dealing with the Applicant, the undersigned (Guarantor(s)) hereby jointly and severally guarantee payment to Fortin's of all present and future debts and liabilities, direct or otherwise, now or at any time and from time to time here after due or owing to Fortin's from or by the Applicant. Whether incurred by the Applicant alone or jointly with any other party.

It is further agreed that Fortin's, without exonerating in whole or in part the undersigned, may grant time, renewals, extensions, indulgences, releases and discharges to, may take securities from and give the same and may accept compensation from, and may otherwise deal with the Applicant and all other persons and securities, as Fortin's may see fit.

This shall be a continuing guarantee, and shall cover and secure any ultimate balance owing to Fortin's. Fortin's shall not be obligated to exhaust its recourse against the Applicant or any other persons or any securities it may hold before being entitled to payment from the undersigned of all and every of the debts and liabilities hereby guaranteed. This guarantee shall ensure to the benefit of Fortin's, its successors and assign and shall be binding upon the undersigned, his or her legal representative, successors and permitted assigns.

Signature of Officer/Owner/Partner or Applicant

## PERSONAL AGREEMENT

The applicant agrees that this account application and all purchases made on this account shall be deemed to have been made in Chilliwack, British Columbia. All accounts are payable Net 10 days at Fortin's Office located at 45750 Airport Road Chilliwack, BC, V2P 1A2. The applicant further to pay a service charge on all overdue accounts at the rate of 2.00% per month (24.00% per annum) and any reasonable collections costs on a solicitor/client basis, incurred as a result of a non-payment of an account. The applicant further agrees that Fortin's obtains judgment against the Applicant for non-payment of this account, to pay in addition to solicitor cost, an administration cost in the amount of \$500.00.

The applicant authorizes Fortin's to conduct whatever personal investigation deemed necessary in respect of this applicant for credit. In consideration of Fortin's granting credit to the Applicant, the Applicant and Guarantor, if any, grant to Fortin's security interest in all of the Applicant's and Guarantor's present and after acquired personal property. Including proceeds but excluding consumer goods, and a Purchase Money Security Interest in all goods purchased from Fortin's security for the performance of all obligations of the Applicant and Guarantor of all obligations under this credit agreement.

Fortin's will provide the applicant with a monthly statement of transactions on this account. The applicant agrees to advise Fortin's of any disputed transactions within 30 days of the statement date and expressly agrees that except for any transactions disputed in writing within this period, the account statement shall be deemed to be correct.

## GUARANTOR SIGNATURE (S)

PERSONAL GUARANTEE SIGNATURE MUST BE WITNESSED

1.

SIGNATURE

DATE

FIRST NAME MIDDLE NAME

LAST NAME S.I.N

2.

SIGNATURE

DATE

FIRST NAME MIDDLE NAME

LAST NAME S.I.N

## WITNESS SIGNATURE

1.

SIGNATURE

DATE

FIRST NAME LAST NAME

2.

SIGNATURE

DATE

FIRST NAME LAST NAME