20109 Logan Avenue Langley, BC V3A 4L5 **Ph:** 604-534-2060 **Fax:** 604-534-8063

Please email completed applications to accounts@iwgroup.ca, and send original by mail to Head Office, or submit to your Local Branch

CREDIT AGREEMENT			
Legal Name of Person or Bus	iness ("Customer"):		
Business Type: ☐ Sole Pro	prietorship   Partnership	Limited Company   Credit Request	ted: \$
Address:	City:	Province:	Postal Code:
Telephone No:	Cell No:	Fax No:	
Years in business: PST Exempt: ☐ Yes ☐ No PST #:		Email:	
SHAREHOLDER(S) OR D	IRECTOR(S):	'	
Name:		Name:	
Address:		Address:	
City, Province, Postal Code:		City, Province, Postal Code:	
Home Phone No:	Cell Phone No:	Home Phone No:	Cell Phone No:
SIN #:	Birth date:	SIN #:	Birth date:
Home: ☐ Own Mortgage: \$ ☐ Rent Rent/ month: \$		Home: Own Mortgage: \$  Rent Rent/ month: \$	
Spouse's Name:		Spouse's Name:	
SUPPLIER REFERENCES	:		
Name:		Tel No:	Fax No:
Name:		Tel No:	Fax No:
Name:		Tel No:	Fax No:
BANK REFERENCE:			
Bank:	Branch:	Tel No:	Fax No:
Account No:	·	Contact:	
Name on Credit Card:	Number:		Expiry Date:
I/we further agree to pay a service chat I/we authorize Boyd Distributors Ltd. correct unless disputed by me/us in we cost, charges and expenses incurred by Ltd., to have the right, based on its eventhis agreement, from time to time, or we established credit limit.  I/WE AFFIRM THAT THE ABOVE BOYD DISTRIBUTORS LTD. TO COTHERS, INCLUDING CREDIT BUPERSON AS MAY BE PERMITTED	accommodation from BOYD DISTRIBUTO rge on any amounts past due calculated at a to process my/our credit card for any deline iting within 15 days of the invoice date. In y Boyd Distributors Ltd., in connection with aluation of the credit-worthiness of the 'Cus rithout notice to cancel this agreement at any INFORMATION IS TRUE AND COMPL GIVE TO, OBTAIN, VERIFY, SHARE A UREAUS AND OTHER PERSONS WITH OR REQUIRED BY LAW.	S: NET 15 <sup>th</sup> MONTH FOLLOWING DATE ORS LTD., and agrees to pay for all purchase rate of 26.88% per annum (2% per month) captent invoices and/or invoices in excess of method the event I/we default in payment of any any the collection of this account. I/we acknow stomer' to amend the credit limit, required pay time. Boyd Distributors Ltd., may at their distribution of the AND EXCHANGE CREDIT AND OTHER IS WHO YOU MAY HAVE FINANCIAL IS within 30 days of the date the financial statements are	s in accordance with the terms stated above alculated compounded monthly. In addition by/our credit limit. Invoices shall be deemed to pay the actual legal wiedge and authorize that Boyd Distributors of the properties of the pay the actual legal wiedge and authorize that Boyd Distributors of the properties of the pay the actual legal wiedge and authorize that Boyd Distributors of the properties of the pay that the pay the pay that the pay the pay that the pay
AUTHORIZED SIGNATURE:		DATE:	
SALES REPRESENTATIVE:		BRANCH:	

ADDRESS

20109 Logan Avenue Langley, BC V3A 4L5

**Ph:** 604-534-2060 **Fax:** 604-534-8063

## PERSONAL GUARANTEE

IN CONSIDERATION OF all loans, advances and other credit now or hereafter granted by BOYD DISTRIBUTORS LTD. ("Boyd") to ("Customer"), I HEREBY UNCONDITIONALLY GUARANTEE to Boyd the payment of all debts and liabilities of the Customer to Boyd wherever, whenever and however incurred, including all interest, interest on arrears of interest, commissions and actual legal and other costs, charges and expenses incurred by Boyd in connection with the Customer's account. This is a continuing guarantee and my liability under this guarantee is UNLIMITED. Boyd has the right to vary the terms of the agreement between the Customer and Boyd IN ANY WAY, including but not limited to increasing the credit of the Customer, increasing the rate of interest and granting indulgences to the Customer, without in any way limiting or lessening my liability under this guarantee. The Guarantor acknowledges that Boyd may increase, decrease, or cancel the Customer's credit without notice to the Guarantor. Boyd will not be required to exhaust its remedies against the Customer or any other guarantor before being entitled to payment from me. My liability under this guarantee will not be discharged or in any way affected by the bankruptcy, insolvency or assignment in favor of creditors of the Customer. My liability under this guarantee will not be discharged or affected by my death, or the death of any other guarantor, and this shall ensure to the benefit of and be binding upon Boyd, its successors and assigns, and my heirs, executors, administrators, successors and assigns. If there is more than one guarantor, we will be jointly and severally liable under this guarantee. Therefore, in the event of default, I may be liable for the entire indebtedness of the Customer, even though there may be more than one guarantor. I agree to provide Boyd with up-to-date financial statements, if requested by Boyd, and to make a general or specific assignment of accounts receivable in favor of Boyd, if requested by Boyd. I expressly waive any rights I may have as a guarantor that are at any time inconsistent with this agreement. IN WITNESS WHEREOF I have hereunto set my hand this \_\_\_\_\_day of \_\_\_\_\_\_ A.D. 20\_\_\_. I UNDERSTAND THAT BOYD RECOMMENDS I SEEK INDEPENDENT LEGAL ADVICE PRIOR TO SIGNING THIS DOCUMENT. (initial) "I HAVE READ AND UNDERSTAND THE ABOVE" SIGNED, SEALED & DELIVERED **GUARANTOR** WITNESS NAME (PRINT) NAME (PRINT)

ADDRESS