

## APPLICATION/AGREEMENT

### GENERAL INFORMATION – VDM Office use only

Date	Statement Cycle	Credit Limit \$	Est. Opening Order \$	Est. Monthly Purchases \$
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### PARTICULARS OF BUSINESS

Registered Name of Business (Trade Name)	Name in which applicant maintains bank account:
GST #	
Business Address	Store Address (if different from business address)
Rx License #	Rx System: ___ Kroll ___ Simplicity ___ Other
Telephone #	Telephone #
Fax #	Fax #
E-mail	E-mail for order confirmations (if different):

### BUSINESS INFORMATION

Type of Business (if other than pharmacy)	Principal Lines Carried	Place of Incorpor./Reg	Date of Incorpor./Reg
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### NAMES OF PROPRIETORS/PRINCIPALS OR TWO OFFICERS OF CORPORATION

Name	Name	Name
Address	Address	Address
City or Town	City or Town	City or Town
Telephone #	Telephone #	Telephone #
E-mail	E-mail	E-mail

### BUSINESS HISTORY OF COMPANY

Last Years Audited Financial Statements Enclosed ___ Not Available ___	Date Available (dd/mm/yyyy)	Outstanding Mortgage if Owned \$	Monthly Rent if Leased \$
Name of Mortgagee		Name of Lessor	
Address		Address	
Telephone #		Telephone #	
Accountant Name & Contact <div style="display: flex; justify-content: space-between;"> <span>___ Employee</span> <span>Telephone #</span> </div> <div style="display: flex; justify-content: space-between;"> <span>___ Independent</span> <span>E-mail</span> </div>			
invoices & statements will be sent to this e-mail address)			

### IF PROPRIETOR OR IF COMPANY ESTABLISHED LESS THAN 2 YEARS, COMPLETE THIS SECTION PLEASE

Previous Employment/Business Name	Position	Length of time – Years
Business Address	Date of Birth	Social Insurance No.
City or Town                      Prov.                      Postal Code	Name of Spouse	
Telephone #		
Reason for Discontinuing business or terminating employment		

## Value Drug Mart Associates Ltd.

16504-121A Avenue Edmonton, AB T5V 1J9

Phone: (780) 453-1701 Fax: (780) 454-7720 E-mail: [contactus@valuedrugmart.com](mailto:contactus@valuedrugmart.com)

[www.valuedrugmart.com](http://www.valuedrugmart.com) [www.appledrugs.net](http://www.appledrugs.net) [www.rxellence.ca](http://www.rxellence.ca)

REFERENCES	Name & Contact	Address	Telephone #	E-Mail
Bank				
Solicitor				
Insurance Company Business Continuance Y/N				
Trade Reference #1				
Trade Reference #2				
Trade Reference #3				
Trade Reference #4				
Trade Reference #5				

OFFICE USE ONLY								
SUPPLIER CREDIT REFERENCES								
Account with	TERMS	PAST DUE	HIGH CREDIT	DATE OPENED	PAYMENT RECORD	BALANCE	LAST PURCHASE	ACCOUNT TYPE

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>CUSTOMER #</b>
<input type="checkbox"/> VALUE <input type="checkbox"/> APPLE <input type="checkbox"/> RXELLENC <input type="checkbox"/> AFFILIATE-S <input type="checkbox"/> AFFILIATE-R <input type="checkbox"/> OTHER

**APPROVALS**

<input type="checkbox"/> ACCOUNTING	<input type="checkbox"/> MANAGEMENT	<input type="checkbox"/> DIRECTOR
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**CREDIT TERMS & AGREEMENT**

For the purpose of processing this application, the undersigned (hereinafter referred to as the "Applicant"), hereby authorizes Value Drug Mart Associates Ltd. (herein referred to as "Value") to investigate the Applicant's business and/or personal credit experience with Credit Reporting Agencies, Suppliers, Banks, and other Institutions with whom the Applicant has conducted business. The Applicant hereby authorizes Value to report to the proper persons and bureaus concerning the Applicant's performance under this agreement and by signing this Credit Application acknowledges receipt of written notice of investigation and reporting.

**ALL INFORMATION WILL BE HELD IN CONFIDENCE.**

Upon approval of this application by the Credit Department for Value and/or by an Officer of the company, and/or a Director of the company, credit privileges will be extended to the Applicant subject to the following terms and conditions:

1. Value's monthly statement of account will be paid in full on or before the 20<sup>th</sup> day following the monthly statement cut off.
2. The Applicant will be responsible for the delivery of all payment to Value's office by the date shown in (1) above.
3. Credit privileges may be suspended should the Applicant's account become overdue and considered at risk by Value.
4. The Applicant agrees to pay a credit charge on the unpaid balance of the monthly statement of account at the rate of 4% max (48% per annum) or such other rate of credit charges as the Applicant may be advised of in writing from time to time.
5. The Applicant will report any disputed charge or discrepancy to the credit department within 7 days of receiving the invoice from Value.
6. The Applicant authorizes Value to exchange information concerning the performance of the Applicant's charge account with Value to other suppliers who deal with the Applicant.
7. The Applicant agrees to be responsible for all solicitor and client costs and other expenses incurred by Value in connection with the collection of the account and agrees to all terms in this application.
8. The Applicant agrees to provide Value with copies of up-to-date financial statements and financial records, and a general or specific assignment of security, upon request.
9. The Applicant agrees that this agreement shall bind all respective heirs, executors, successors or assigns.
10. The Applicant or Applicants hereby agree that where there is more than one party to this agreement, they shall be jointly and severally liable in the event of default hereunder.
11. The Applicant agrees that notwithstanding any form of contract, either oral or written, or partly oral or partly written; and notwithstanding any representations made either oral or written, or partly oral or partly written; that the terms of credit as set forth herein as between the Applicant and Value shall be binding upon the Applicant and Value in respect of all of the contractual relationships as between the Applicant and Value; and it is further agreed that the terms of credit as set forth herein shall take priority to any other terms of credit, alleged to exist as between the Applicant and Value.

"In consideration of Value granting the Applicant credit, the Applicant hereby grants a security interest to Value in all of the Applicants present and after-acquired inventory and proceeds therefrom to stand as security for the present and future indebtedness of the Applicant to Value"

The above terms are agreed to by:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position: \_\_\_\_\_ Signature: \_\_\_\_\_

**Value Drug Mart Associates Ltd.**

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