



815 Circle Drive East, Saskatoon, SK S7K 3S4
Tel. 306.665.7755 Fax 306.665.5518 www.grandwestauto.com

ACCOUNT APPLICATION

In order to facilitate timely processing please complete this application in its entirety, please sign, date and return to Grandwest Enterprises Inc. by email to: shawana@grandwestauto.com or by fax to: 306.665.5518

FOR OFFICE USE ONLY									
Date Rec'd			S.Code		Terr.				
WL	Approved Y N		B	1	2	3			
Send Letter Y N		Date		Cat Y N		Flyer Y N			
Rinax	Max	X4	Puro	Truck	Loomis	Phase 4			
BAM		MTG	Limit			Flag			

COMPANY INFORMATION

Company Name _____

DBA or Trade Name (if applicable) _____

Shipping Address (street) _____

City _____ Prov. _____ P/Code _____

Phone # () _____ Fax # () _____ Cell # () _____

Mailing Address (P.O. Box) _____

City _____ Prov. _____ P/Code _____

Phone # () _____ Fax # () _____ Website www. _____

Accounts Payable Contact _____ Phone # () _____ Fax # () _____

*All Invoices and Statements are emailed Accounts Payable Email Address _____

GST/HST # _____ PST # (for exempt sale) _____

Check one of the following: Corp (Inc. or Ltd.) Partnership (LLP) Individual (Proprietorship)

Please indicate if you already have an active account with either entities

Grandwest account # _____ Distam account # _____

BUSINESS INFORMATION

Nature of Business _____

Years in Business _____ Years at Current Location _____ Fiscal Year End _____ Number of Employees _____

Check one: Own Property Rent/Lease Landlords Name _____ Phone # () _____

PO's Required (please check) Yes No Purchasing Contact(s) _____

Credit Required \$ _____ Parts Department Email Address _____

OWNER INFORMATION

1. Name(s) of Principal(s) _____ Address _____

Phone # () _____ Date of Birth (dd/mm/yy) _____ SIN # (optional) _____

2. Name(s) of Principal(s) _____ Address _____

Phone # () _____ Date of Birth (dd/mm/yy) _____ SIN # (optional) _____

3. Name(s) of Principal(s) _____ Address _____

Phone # () _____ Date of Birth (dd/mm/yy) _____ SIN # (optional) _____

If a corporation or partnership please supply a photocopy of the corporate registry that includes the owner(s) and director(s) names. Please supply a photocopy of your business retail license (current year).

BANK INFORMATION

Bank Name & Address _____

City _____ Prov. _____ P/Code _____

Phone # () _____ Fax # () _____

Contact _____ Account # _____ Years at Bank _____

TRADE REFERENCES (must have three)

Name _____

Address _____

Phone # () _____ Fax # () _____

Name _____

Address _____

Phone # () _____ Fax # () _____

Name _____

Address _____

Phone # () _____ Fax # () _____

GRANDWEST ENTERPRISES INC. ACCOUNT POLICY

Upon approval of credit I/we hereby promise to pay all transactions within the term of sale, 30 days from statement. Cheques made payable to Grandwest Enterprises Inc.

I/we agree to pay the service fee of 2% per month (24% per annum) on balances exceeding 60 days, credit or orders may be revoked at Grandwest's discretion on said accounts.

I/we agree to notify Grandwest Enterprises Inc. immediately of any and all changes regarding information supplied in this application for credit, failure to do so will not release the applicant from financial responsibility to any previous or current debt.

In the case of a bankruptcy assignment or transfer of stock or business, death or encumbrances of any nature the account shall become due and payable forthwith, I/we also agree to pay all cost and attorney fees incurred by Grandwest Enterprises in the collections of monies due.

I/we hereby certify the information provided on this application is correct and authorize Grandwest Enterprises Inc. to investigate all bank and trade references listed herein and /or obtain other data available pertaining to credit and financial responsibility with the understanding it is treated as CONFIDENTIAL AND USED FOR CREDIT PURPOSES ONLY.

I/we fully understand this "account policy" and agree to abide by the "terms and conditions" as set forth in our catalogue and website as well the understanding all transactions and agreements are based upon the governing laws of Saskatchewan, Canada

I/we personally guarantee full payment of this account following the "account policy" as stated above.

I/we consent to receive Grandwest Enterprises Inc. emails containing news, updates and promotions. You can withdraw your consent at any time.

Company Name _____

Owner(s) / Officer of company (print name & position) _____

Owner(s) / Officer of company signature _____

Witness (print name & sign) _____

Date Signed _____