



# NEW ACCOUNT APPLICATION

(All applications are subject to credit approval)

Salesperson's Name: \_\_\_\_\_

Credit Amount Requested: \_\_\_\_\_

Salesperson's Number: \_\_\_\_\_

**Please complete and fax pages 1 & 2 to: (204) 254-3000 for processing.**

Legal Name: \_\_\_\_\_

Trading Name: \_\_\_\_\_

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

## Billing Address

Box #/Address: \_\_\_\_\_

City/Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Shipping Address

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

City/Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Start Date: \_\_\_\_\_

PST #: if applicable (eg. manufacturing, resale or agricultural use) \_\_\_\_\_

Major Shareholders: \_\_\_\_\_

Business Status:  Incorporated  Partnership  Ltd. Partnership  Proprietorship

If Proprietorship, SIN# \_\_\_\_\_

## References

Bank Name: \_\_\_\_\_

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

City/Prov: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

<b>Vendors</b>	Name: _____	Address: _____
	Contact: _____	City/Prov: _____
	Position: _____	Phone: _____
	Name: _____	Fax: _____
	Contact: _____	Address: _____
	Position: _____	City/Prov: _____
	Contact: _____	Phone: _____
	Position: _____	Fax: _____
	Name: _____	Address: _____
	Contact: _____	City/Prov: _____
	Position: _____	Phone: _____
	Position: _____	Fax: _____

**We look forward to doing business with you!**

Please take a moment to read through and familiarize yourself with our terms and conditions.

## Credit

Only approved account holders will be permitted credit privileges. Terms of these accounts are Net 30 Days and interest will be charged at 1.5% on unpaid balances over 30 days (18% per annum). Payment: We accept cash, cheques, Visa, MasterCard and Interac. Any credit issued to your account must be used within 6 months. Credit must be applied to future invoices and no manual cheques will be issued. After 6 months, any unused credit balances will be written off and final. Polywest Management reserves the right to implement a maximum dollar amount to be charged to a credit card, depending on the size and nature of the order. Any cheques payable to Polywest Ltd. that are returned NSF (Non-sufficient funds) will be subject to a \$25 fee as a result and charged on to the account. Payment will be required in the form of certified funds immediately thereafter.

## Pricing

All prices are FOB Manitoba, Saskatchewan and Alberta as noted in the Price List.

## Shipping

Shipping will be via ground transportation unless otherwise requested. Shipments of in-stock items will be made on a same-day basis for all orders received prior to 2:00pm local time. Shipping will be by customer choice of Bus, Local Courier, DHL, Purolator, truck or mail. Shipping will be prepaid and charged unless the customer requests collect shipment. Polywest has negotiated volume agreements with many carriers and will pass these savings on to the customer.

## Returns

All returned goods must have prior approval from Polywest Ltd. as well as a Returned Good Authorization (RGA) number. Returned goods must be shipped prepaid and may be subject to a 15% restocking fee. Special order items are not refundable. Returned goods must be in resalable condition, preferably in original packaging. **NO RETURNS AFTER 90 DAYS.**

## Warranty

All Premium weight Norwesco tanks carry a 3-year warranty and Heavy Duty weight Norwesco tanks carry a 5 year warranty. All other items carry the manufacturer's stated warranty.

**\* Warranty claims must be approved by Polywest prior to returning the product. Decisions made by product manufacturers with respect to warranty claims will be final.**

## Privacy

All information supplied on this credit application will be used solely for determining suitable credit limits. Polywest will keep all information contained on the application private as we abide by Privacy Law. For further details on our Privacy Policy, please refer to our website, [www.polywest.ca](http://www.polywest.ca).

**I have read the above Terms & Conditions associated with this account application with Polywest Ltd. I acknowledge and agree with these conditions and validate that the information that I have provided is accurate and true. The applicants signature authorizes and grants Polywest permission to request personal financial information from credit references you've supplied so that a decision granting credit can be obtained.**

Applicant's Name (Printed): \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### POLYWEST LTD.

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