



WFF Fittings & Flanges (Canada) Ltd.



1.800.661.0857
wff-sales@wff.ca

Credit Application

Please Fax back to 403.252.4711

BILLING INFORMATION

Company Name:

Billing Address in Full:

City: Province: Postal Code:

Actual Address in Full:

City: Province: Postal Code:

Business Phone: Business Fax:

COMPANY INFORMATION

Corporation Partnership Proprietorship

Nature of Business:

D-U-N-S Number:

Name of Officers, Partners or Owners:

Name: Title:

Name: Title:

Account Payable Contact:

Phone: Fax:

Payable Contact E-mail Address:

Invoice(s) Via E-mail To:

BANK INFORMATION

Bank Name: Account Number:

Branch Address:

Branch Phone: Contact:



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CREDIT REFERENCES

- | | | |
|----|----------|--------|
| 1) | Name: | Phone: |
| | Address: | Fax: |
| 2) | Name: | Phone: |
| | Address: | Fax: |
| 3) | Name: | Phone: |
| | Address: | Fax: |

Required Credit Limited:

Purchase Order Number Required: Yes No

THE APPLICANT ACKNOWLEDGES AND AGREES THAT BY COMPLETING AND SIGNING A COPY OF THIS APPLICATION, THE APPLICANT IS AUTHORIZING WFF, TO COLLECT, HOLD, USE, COMMUNICATE AND DISCLOSE THE INFORMATION PROVIDED ON THIS APPLICATION IN ORDER THAT: WFF MAY (A) EVALUATE THE APPLICATION FOR THE EXTENSION OF CREDIT IN RELATION TO THE PURCHASE OF GOODS FROM WFF; (B) IN THE EVENT WFF SHOULD DETERMINE TO MAKE CREDIT AVAILABLE TO THE APPLICANT (A "RECEIVABLE CREDIT"), MONITOR, RECORD AND DETERMINE THE APPLICANTS COMPLIANCE WITH ITS OBLIGATIONS UNDER ANY SALE AGREEMENT ENTERED INTO IN CONNECTION THEREWITH (A "CONTRACT"); (C) OBTAIN CREDIT REPORTS ABOUT THE APPLICANT FROM CONSUMER CREDIT REPORTING AND COLLECTION AGENCIES, FINANCIAL INSTITUTIONS OR FINANCE COMPANIES; (D) MEET WFF'S LEGAL AND REGULATORY REQUIREMENTS; (E) INVESTIGATE AND ADJUDICATE ANY DISPUTE OR CLAIM WHICH RELATES TO ANY CONTRACT AND/OR THE PRODUCTS THAT WFF OFFERS AND/OR PROVIDES TO THE APPLICANT; AND (F) EFFECT COLLECTION OF AMOUNTS OWING IN RESPECT OF ANY RECEIVABLE CREDIT. THE APPLICANT AUTHORIZES WFF TO DISCLOSE THE INFORMATION CONTAINED HEREIN TO ITS AFFILIATES, ASSIGNS AND PROSPECTIVE ASSIGNS, TO THEIR FUNDERS OR PROSPECTIVE FUNDERS AND FINANCIAL INSTITUTIONS, TO PROVIDERS OF INSURANCE AND THEIR UNDERWRITERS, TO CREDIT REPORTING AND COLLECTION AND ASSET RECOVERY AGENCIES, TO ASSIGNEES OF ANY RECEIVABLE CREDIT AND/OR CONTRACT.

THE APPLICANT HAS READ THIS ABOVE CONSENT AND UNDERSTANDS THE SIGNIFICANCE OF CONSENTING TO THE COLLECTION, HOLDING, TRANSFER, USE, COMMUNICATION AND DISCLOSURE OF SUCH INFORMATION AS DESCRIBED ABOVE. THE APPLICANT ACKNOWLEDGES AND AGREES THAT SIGNING THIS APPLICATION WILL BE DEEMED TO BE AN INFORMED CONSENT GIVEN FREELY AND VOLUNTARILY AND THAT ITS CONSENT WILL BE VALID AND IRREVOCABLE FOR SO LONG AS IT IS NEEDED IN ORDER TO ACHIEVE THE PURPOSES SET FORTH ABOVE. THIS APPLICATION AND THE ABOVE CONSENT SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE PROVINCE OF ALBERTA. THE APPLICANT ACKNOWLEDGES THAT A PHOTOCOPY OR FACSIMILE OF THIS CONSENT WILL BE AS VALID AS THE ORIGINAL. THE APPLICANT DECLARES THAT IT HAS REQUESTED THAT THIS CONSENT AND APPLICATION BE DRAFTED IN THE ENGLISH LANGUAGE. E/NOUS DÉCLARE/ONS AVOIR EXIGÉ QUE CE CONSENTEMENT SOIT RÉDIGÉ ET COMPLETE EN LANGUE ANGLAISE.

Signature: _____ Date: _____

Print Name: _____ Title: _____