



MBSI WAV LP CUSTOMER APPLICATION FOR CREDIT

TO PREVENT DELAYS IN YOUR ORDERING ABILITY, PLEASE MAKE SURE YOU HAVE PROVIDED ALL INFORMATION REQUESTED.

This application and agreement is made and agreed to by the undersigned applicant ("Customer") to MBSI WAV LP (MBSI WAV) to obtain trade credit. MBSI WAV reserves the right to decline credit to Customer and in the event credit is extended to Customer, to change or revoke Customer's credit limit on the basis of changes in MBSI WAV's credit policies or Customer's financial condition and/or payment record. All sales of product and services by MBSI WAV to Customer will be subject to MBSI WAV's Terms and Conditions as listed on MBSI WAV's website (www.mbsiwav.com), as well as quoted prices at the time of order. Any variance from those Terms and Conditions will be effective only if agreed to in writing by MBSI WAV prior to the time the product or services are ordered.

Customer agrees to make payment in full to MBSI WAV for all amounts due according to MBSI WAV invoice(s). Customer also agrees to pay MBSI WAV, as interest, an amount equal to 1 ½% per month, or the maximum provided by law (whichever is less) for invoice amounts that are past due. To induce MBSI WAV to grant credit to Customer, Customer hereby grants to MBSI WAV a security interest in all goods heretofore and hereafter sold to Customer by MBSI WAV, and all proceeds thereof, until the purchase price and all other liabilities due MBSI WAV in respect of such goods have been paid in full. Customer authorizes, and ratifies and confirms, any filing heretofore or hereafter made by MBSI WAV of any financing statements which identifies Customer as debtor, MBSI WAV as secured party, and any goods heretofore or hereafter supplied by MBSI WAV to Customer and the proceeds thereof as collateral. Should customer default in any such payment(s), MBSI WAV shall have the right, without notice to customer, to declare all invoice amounts due and payable. In the event MBSI WAV should commence any action or actions, or otherwise seek to enforce this agreement against customer, customer agrees to pay reasonable legal fees, court costs and other expenses of collection incurred by MBSI WAV, whether or not suit is filed. This agreement is strictly confidential and is not transferable or assignable without prior written consent of MBSI WAV.

This application and agreement shall be entered into, construed, interpreted and enforced under and in accordance with the laws of the Province of Alberta, including the Alberta Sale of Goods Act and the Personal Property Security Act and the laws of Canada applicable therein.

All claims for the resolution of disputes arising under or in connection with this agreement or the purchase and sale of goods or services between Customer and MBSI WAV shall be properly brought in Medicine Hat, in the Province of Alberta only, without regard to its internal conflict of law rules.

**#8, 1771 30 STREET SW • MEDICINE HAT, AB • T1B 3N5
866 597 6274 • MBSIWAV.COM**

Applicant hereby agrees to MBSI WAV's terms as set forth herein and in the MBSI WAV Terms and Conditions (available for download at www.mbsiwav.com), and hereby authorizes MBSI WAV to make inquiries into the banking and business/trade references that have been supplied. It is understood that MBSI WAV will use this information for the purpose of extending payment credit terms. The information contained herein will be held in strict confidence and used solely for the consideration of extension of credit.

Signatures

Application must be signed by owner/officer

Signature : _____

Date: _____

Printed Name: _____

Title: _____

Signature : _____

Date: _____

Printed Name: _____

Title: _____

Thank you for choosing MBSI WAV LP, as your vendor of choice!

In order to expedite your request, we are asking that you complete the Credit Application and return via e-mail to accounts@mbsiwav.com.

The following documents must accompany your application for Credit:

1. Bank and Trade References
2. Financial Statements may be required for any requests for credit limits greater than \$25,000.00

Upon receipt of the completed application form, your request for a credit account will be reviewed. If approved, you will be notified via e-mail and advised of your credit limit. If we are unable to provide you with Net terms, we invite you to complete your purchase with another method of payment (i.e. credit card, EFT, wire transfer).

If you have any questions regarding the forms, please contact the Accounts Receivable Department at 866-597-6274

**#8, 1771 30 STREET SW • MEDICINE HAT, AB • T1B 3N5
866 597 6274 • MBSIWAV.COM**



Credit Application

BUSINESS CONTACT INFORMATION

Company Name or DBA Name:		Date Business Commenced:
Legal Company Name:		How long at current address ?
Company Address:		City:
Country:	Province:	Postal Code:
Phone Number:	Fax Number:	Website URL:
D&B DUNS Number:		

Type of Business

Sole Proprietorship Partnership Corporation

Business Number:

Owner(s)/Officer(s)

1.

Name:	Title:	Phone Number:	
Ext:	Mobile Number:	E-mail:	% of Ownership:

2.

Name:	Title:	Phone Number:	
Ext:	Mobile Number:	E-mail:	% of Ownership:

3.

Name:	Title:	Phone Number:	
Ext:	Mobile Number:	E-mail:	% of Ownership:

BILLING INFORMATION

Accounts Payable Contact

Name:	Ph #	Ext:	E-mail:
-------	------	------	---------

Billing address if different than Company Address

Billing Address:	City:	
Country:	Province:	Postal Code:

Purchasing Contact

Name:

Ph #

Ext:

E-mail:

Credit Limit Requested

Credit Limit:

Please Note:

Applications with requests for credit limits over \$25,000.00 may be required to provide accountant prepared financial statements.

Banking Information

Bank Name:

Bank Address:

City:

Province:

Postal Code:

Bank Contact Name:

Account Type:

Phone Number:

Email:

Please list active **industry related** references that you have purchased from within the last 12 months not those that supply you with a service. (minimum of three)

Business Trade References

1.

Company Name :

Terms of Acct:

Company Address:

City:

Country:

Prov/State:

Postal Code/Zip:

Phone Number:

Contact Name:

Email:

2.

Company Name :

Terms of Acct:

Company Address:

City:

Country:

Prov/State:

Postal Code/Zip:

Phone Number:

Contact Name:

Email:

3.

Company Name :

Terms of Acct:

Company Address:

City:

Country:

Prov/State:

Postal Code/Zip:

Phone Number:

Contact Name:

E-mail:

NOTE: Please attached a separate page for any additional information you would like to provide

#8, 1771 30 STREET SW • MEDICINE HAT, AB • T1B 3N5
866 597 6274 • MBSIWAV.COM