

ALIMPLUS INC.

9777, rue Colbert, Anjou (Québec) H1J 1Z9

Téléphone Sans frais: 1 (800) 461-8747

www.mayrandplus.ca



CUSTOMER FILE OPENING AND CREDIT REQUEST

IDENTIFICATION

Commercial name: _____

Business name: _____

Address: _____ City: _____

Postal code : _____ Phone : _____ Email: _____

If the delivery address is different from the one indicated above :

Delivery Address: _____ City: _____

Postal code: _____ Phone: _____

Quebec registration number (NEQ): _____ In operation since: _____

Type of company : Incorporated Registered N.P.O. Ltd partnership Other

G.S.T.#: _____ Q.S.T./H.S.T.#: _____

Information

Building: Owner Tenant

Name and phone number of owner (if tenant) : _____

Purchasing manager: _____ Phone : _____

Email : _____ Purchase order required : Yes No

Member of a buying group program : Yes No

Name of the program: _____ Member number: _____

Bookkeeping manager: _____ Phone : _____

Do you need a statement: Yes No → Email: _____

Payment term requested (days) : _____ Credit limit (\$) : _____

Payment method: Pre-authorized debit (form to fill out) Online payment Check

Financial institution: _____

Folio #: _____ Transit: _____ Account #: _____

***** Please provide a void check *****

Shareholders (owners) :

1) Name : _____ Phone : _____

2) Name : _____ Phone : _____

3) Name : _____ Phone : _____

This document contains the terms and conditions governing the use of the credit privilege granted by Alimplus Inc. (Mayrand Plus) to which your company (hereinafter referred to as the « Customer ») and its officers expressly accept and agree to abide:

- 1. This credit privilege may be cancelled at any time, at the discretion of Alimplus Inc. (Mayrand Plus), without prior notice.
2. Interest and/or administration fees of 2% per month, or 24% per year, will be applied on all overdue invoices.
3. The Customer also agrees to pay, in addition to legal fees, an amount equivalent to 25% on any overdue account transmitted to the competent authorities for collection, without prior notice.
4. The Customer shall promptly notify Alimplus Inc. (Mayrand Plus) of any change of address and/or owner/shareholder and/or sale of business/assets and/or financial institution.
5. An amount of \$40.00 will automatically be debited from the Customer's account for each payment returned by the Customer's financial institution (amount subject to change without notice).
6. All delivered merchandise remains the property of Alimplus Inc. (Mayrand Plus) until full payment of the invoice.
7. It is expressly agreed that the Customer will maintain, at its own expense, sufficient insurance, at all times, on its merchandise inventory and accounts payable. Should damages occur, the Customer expressly undertakes to instruct its insurer to issue a cheque directly to the order of Alimplus Inc. (Mayrand Plus) for any amount due in the event of a claim.
8. Delivery is carried out either by drop-off of the goods directly to the Customer, or at the place indicated by the Customer on this form. At the time of delivery, the Customer acknowledges and agrees that it is required to verify the quantity and condition of the delivered merchandise according to its order. Responsibility for the risks of loss and breakage of goods is then the responsibility of the Customer once delivered.
9. The Customer and its officers authorize Alimplus Inc. (Mayrand Plus) and its agents to investigate, procure and obtain from financial institutions, Equifax or TransUnion, among others, to retain at the office of Alimplus Inc. (Mayrand Plus) and to exchange details concerning all useful information, for the establishment of its solvency when opening its file and also to maintain its credit file during the business relationship. At the same time, it authorizes all persons concerned to provide Alimplus Inc. (Mayrand Plus), in a complete and diligent manner, all the information required and release it from any liability as to the effect of such information. The Customer and its officers declare that all information provided on this application is true.
10. This form bearing the signature(s) in original or copy format, either by facsimile or fax, is as valid as an original.
11. With a view to the execution of this deed or the exercise of the rights resulting therefrom, the parties hereto elect domicile in the judicial district of Bedford, in the province of Quebec.

12. Each of the signatories acting for and in the name of a legal person and/or company is personally, jointly and severally liable as guarantor of said legal person and/or company towards Alimplus Inc. (Mayrand Plus), for the payment of all sums due or that could be due to it in capital, interest, incidental expenses and all obligations included herein, and renounces to the benefits of discussion and division.

The Customer and each of the undersigned attest to their ability and consent to enter into the present agreement, acknowledge having read all the clauses herein and declare themselves entirely satisfied therewith.

1) Name (please print) Signature Date

2) Name (please print) Signature Date

I agree to receive the Alimplus Inc. (Mayrand Plus) newsletter, which includes news, updates and promotions regarding Alimplus Inc. (Mayrand Plus) products. You may withdraw your consent at any time.

I do not consent I consent Email:

For Office use only: Client #: Created by: Date:

Authorization for personal data collection

I hereby authorize Alimplus Inc. (Mayrand Plus) and/or its subsidiaries to obtain and share personal and confidential information about me from financial institutions, public bodies, credit bureaus and/or one of its subsidiaries considering that disclosure is required by the Act to modernize legislative provisions regarding the protection of personal information (commonly referred to as " Law 25"), for the purpose of obtaining payment terms and/or line of credit.

Upon presentation of this duly signed document, please send the personal and confidential information you hold about me by email or fax to Alimplus Inc. (Mayrand Plus) and/or its subsidiaries, mandated organizations mentioned in the first paragraph of this document.

I understand that my consent is necessary for the proper evaluation of my file, and subsequently, with the company mentioned in the first paragraph, my consent is a manifest, free, informed consent given for the purposes of personal investigation and which will remain in force as long as no other modification and/or revision is made by the said company.

I have read, understood and agree to the use of my personal data as described above.

Shareholder / Owner:

Name of Signatory (in print): _____

Date of Birth (dd/mm/yyyy): _____

Full Residential Address: _____

City: _____ **Postal code:** _____

Signature: _____

Signed at: _____

Date: _____

For Office use only:

No Client : _____ Créé par : _____ Date : _____

Authorization for personal data collection

I hereby authorize Alimplus Inc. (Mayrand Plus) and/or its subsidiaries to obtain and share personal and confidential information about me from financial institutions, public bodies, credit bureaus and/or one of its subsidiaries considering that disclosure is required by the Act to modernize legislative provisions regarding the protection of personal information (commonly referred to as " Law 25"), for the purpose of obtaining payment terms and/or line of credit.

Upon presentation of this duly signed document, please send the personal and confidential information you hold about me by email or fax to Alimplus Inc. (Mayrand Plus) and/or its subsidiaries, mandated organizations mentioned in the first paragraph of this document.

I understand that my consent is necessary for the proper evaluation of my file, and subsequently, with the company mentioned in the first paragraph, my consent is a manifest, free, informed consent given for the purposes of personal investigation and which will remain in force as long as no other modification and/or revision is made by the said company.

I have read, understood and agree to the use of my personal data as described above.

Shareholder / Owner:

Name of Signatory (in print): _____

Date of Birth (dd/mm/yyyy): _____

Full Residential Address: _____

City: _____ **Postal code:** _____

Signature: _____

Signed at: _____

Date: _____

For Office use only:

No Client : _____ Créé par : _____ Date : _____