

BUSINESS MEMBERSHIP AND CREDIT APPLICATION



OFFICE USE ONLY New Account Standard Account	☐ Existing account # ☐ In-store Cheque Privileges In-store Cheque and Charge PAD reque	☐Pre-Authorized Debit Charge Account			
BECOME A MEMBER					
Legal Business Name: Name of Parent and/or Affiliated Company:					
-		City / Town:			
Province:	Postal Code: Tele	ephone: Fax:			
Trade Name (if different from Legal):					
-		Postal Code:			
Business Entity (check appropriate box): Proprietorship Partnership Corporation Non-Profit (Registration #) Number of Years in Operation? Number of Years Current Ownership Active? Industry Key: Club (WHCL) C store (WIND)					
OWNER INFORMATION:	11. Street Food 12. Italian 13. Greek/Mediterranean 14. Mexican 15. South Asian 16. Chinese 17. Japanese/Korean 18. East Asian - Other 19. Middle Eastern				
	ase attach additional sheet(s) with additional d	·			
		Position: Province:			
		City / Town: Province:			
		Position:			
		City / Town: Province:			
Postal Code: Te	lephone: Cell:	Date of Birth (yyyy/mm/dd):			
BANK / PAD INFORMATION:					
Name of Bank:		Branch Location:			
City / Town:	Province:	Telephone:			
Transit/Institution #s: Bank Account #:					
MAJOR TRADE REFERENCES: (Please provide the name of current wholesaler if applicable plus one additional) 1) Name: Fax:					
2) Name:	Telephr	one: Fax:			
Estimated Weekly Credit Requirement: \$					

PRE-AUTHORIZED DEBIT (PAD) AND/OR CHEQUE PRIVILEGES:

If you have indicated your preference and are approved for a charge account with PAD on 7 day credit terms and/or point of sale cheque privileges and you receive your Wholesale Club card, the following terms and conditions are in effect as applicable:

- 1. You are responsible for all indebtedness and interest on your account and for all indebtedness incurred on any additional Account Card issued toward your account. Interest and account fees may be charged on outstanding balances.
- 2. You agree that Loblaws Inc. ("Loblaw") may (without the consent of, or prior notice to, you or any authorized user) suspend, replace or cancel your Wholesale Club card and/or charge account privileges.
- 3. You authorize Loblaw and the bank identified above (or any other financial institution you may authorize at any time) to debit the bank account identified above for variable payment on Friday of each week, for payment of all charges arising under your account. This authority is to remain in effect until Loblaw has received written notification from you of its change or termination. This notification will be effective as of 30 days following receipt by Loblaw of such notice. You may obtain a sample cancellation form, or more information on your rights to cancel a PAD agreement at your financial institution or by visiting www.cdnpay.ca. You agree that if you cancel this authorization, it does not mean that your contractual obligations to Loblaw are terminated.
- 4. You will receive your statement every week via email unless there has been no credit activity.
- 5. You acknowledge that the bank is not responsible to verify whether these payments are properly debited to your account. If you believe there is an error or omission on an account statement you or an authorized user must notify Loblaw within 14 days after the statement date. To obtain a form for a reimbursement claim, or for more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.
- 6. You must provide Loblaw prompt written notice of any change in your address or contact information, and of any changes to your bank account information.
- 7. If your Account Card is lost or stolen you must immediately notify Loblaw. Until you notify Loblaw you are liable for purchases made using the Wholesale Club card.
- 8. You agree to keep your account in good standing.
 - a. You will not permit the sum of the indebtedness plus interest on your account to exceed the credit limit Loblaw may set.
 - b. You will not permit the term of the indebtedness plus interest on your account to exceed the 7 day terms as set by Loblaw for charge accounts.
- 9. We may change these terms, conditions, the interest rate and any account fees by mailing a notice to you at your most recent address in our records.
- 10. Loblaw Companies Limited retains the right to revoke cheque or charge privileges in the event of an NSF cheque or PAD. Any NSF cheque or PAD must be replaced in full in cash or certified cheque or PAD and is subject to fees.
- 11. You acknowledge and agree that the PADs contemplated hereby are Business PADs as defined by the Canadian Payments Association.

 You hereby waive the pre-notification requirements for the variable amount PADs authorized by this agreement. The authorized amount of each debit shall be the total amount of all charges arising under your Loblaw account at the time such debit is made.

GENERAL CONDITIONS AND AUTHORIZATION:

- 1. I hereby represent that I am authorized to submit this application on behalf of the customer named above. I acknowledge that Loblaws Inc. will rely on the information that I have provided in this application to determine whether or not to grant credit.
- 2. I give Loblaws Inc. authorization to obtain and report Business and Personal credit information on this company, and the principals of this company including detailed bank information through the services of credit representing agencies for the purpose of opening this account and monitoring it for the duration of this business relationship.
- 3. To the extent that the information I have provided is Personal information, I consent to the handling of it in accordance with the Loblaw Companies Limited Privacy Policy, which can be found at www.loblaw.ca.
- 4. If 'Corporation' was selected as the form of business above, the owner(s) are required to complete a Personal Guarantee of Obligations form before credit may be granted. This form can be obtained from a Loblaw colleague (i.e. Sales Representative or from the Wholesale Club).

AUTHORIZED SIGNING OFFICER(S):			
Name (printed)	lPosition	 Date	1
Signature			
Name (printed)	l Position	L I Date	1
Signature			
OFFICE USE ONLY			
WHOLESALE CLUB APPROVAL:			
Member #:	Store Number(s):		
APPROVED BY: Business Development Representative (If applicable)	Date		
APPROVED BY: Wholesale Club Representative/Manager	Date		

Wholesale Club Application:

Loblaw will be providing you with its future retail pricing and/or other competitively sensitive information (the "Information") in order to facilitate the ordering and delivery process. Your decisions with respect to product assortment and retail pricing are your own and such decisions will be made entirely independent of Loblaw. You agree to: (a) hold the Information in strict confidence by using the same degree of care to safeguard the Information as ordinarily taken by a company to safeguard its own confidential information; (b) not disclose the Information to any third party, including without limitation any competitor or potential competitor of Loblaw, whether a retailer, franchisor, supplier or otherwise; (c) use the Information only to the extent strictly necessary to place orders to which the Information relates; (d) ensure the Information is not directly or indirectly used, copied, duplicated, reproduced, exploited or further developed, in any form in whole or in part, except as strictly necessary to place orders; (e) restrict access to the Information only to your employees, contractors and agents who "need to know" in order to facilitate the placement of orders; and (f) promptly notify Loblaw if any of (a) through (e) have been breached.