

Western Storage – A Western Transport Ltd. Company

Head Office : 1300 Dugald Road, Winnipeg, MB R2J 0T8 Tel: (204) 256-4371, Fax: (204) 235-0081

CREDIT APPLICATION - INDIVIDUAL & NON-INCORPORATED BUSINESS

LAST NAME		FIRST NAME		INITIAL	
WEBSITE		EMAIL ADDRESS		Soc. Ins. No.	Date of Birth
MAILING ADDRESS		Postal/Zip Code		Office Tel.	
STREET ADDRESS (or Delivery Address if different)		Own or Rent	Years	Home Tel.	
CITY & PROVINCE /STATE		Postal Code	Driver's Licence No.	Prov/State	Expiry
PREVIOUS ADDRESS (No., Street, City, Province/State)		Years	Months		
PRESENT EMPLOYER'S NAME		Telephone	Occupation	Years	Months
PURCHASE ORDER REQUIRED? Yes No		**CREDIT LIMIT REQUESTED** \$		Are You GST Exempt? Yes No	

CREDIT REFERENCES WHERE YOU HAVE 30 DAY CHARGE PRIVILEGES

NAME	ACCOUNT #	CITY	TELEPHONE
1)			
2)			
3)			
BANK			
NEAREST RELATIVE NOT IN HOUSEHOLD			
FRIEND			

ACCOUNT AGREEMENT

In consideration of Western Storage -A Western Transport Ltd. Company, hereafter referred to as the "Company" granting credit for the purpose of purchasing products and/or services, I agree to be bound by the following terms and conditions governing any and all such Credit purchases namely:

1. All purchases and services 30 days from date of invoice.
2. Any amount due and not paid by the end of the due date, shall be charged a service charge calculated at the rate of 2% per month, compounded monthly. Effective annual yield is 26.82%.
3. Company may vary the service charge rate by giving written notice by way of regular mail to the applicant not less than 60 days before the variation becomes effective.
4. Any payment made in respect of a credit transaction shall be applied first to the accumulated service charge, and thereafter to the principal amount of the outstanding debt.
5. The applicant agrees that the Company and/or its authorized agent may access the applicant's personal credit bureau report(s) containing

factual information in connection with this application, and I authorize the receipt, exchange, retention & update of all personal credit information without any time limitation and/or restriction.

6. Company will assess handling charge in the amount of \$50.00 for any dishonoured cheque received from the applicant.

8. I hereby agree to indemnify the Company for all collection fees, legal fees and all other fees and expenses which the Company incurs should my account be in arrears.

9. I authorize the Company to charge my past-due account to my Credit Card.

Name _____

Card # _____ **Exp** _____

I acknowledge that I have read and fully understand the terms and conditions of this account agreement. This application is subject to the approval of the Company's Credit Department. I affirm that the information is true and correct.

AUTHORIZED SIGNATURE _____

DATE _____ YEAR _____ PRINT NAME AND TITLE _____

OFFICE USE ONLY Western May/04	Account No.	Credit Limit	Date Opened
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