



Farmers Co-operative Dairy Limited
/Central Dairies (Newfoundland)
P.O. Box 8118, Halifax, N.S.
B3K 5Y6

Telephone #: 902-835-4005 Ext. 3181 or 3250
 709-364-7531 NL

Customer Application

Charge _____ Direct Debit _____ COD _____

Address Book # : _____ (Office Use Only)

INSTRUCTIONS: Please print or type. Fill in all spaces and sign where indicated. A signature is mandatory to receiving credit privileges. If a corporation, the signature must be that of an officer stating title. Social Insurance numbers are required from all sole proprietors, partnerships and owners of new or small business before credit privileges will be extended. Where applicable a personal guarantee may be required. A copy of same is attached. Please have this form signed and witnessed.

Name (ship to): _____
(Banner, Trade, Common Name)

Search Type: _____

Phone Numbers: _____ Tel.
 _____ Fax
 _____ e-mail

Vender: _____ Yes / No

Inventory Branch Plant # : _____

Revenue Business Unit #: _____

Mailing Name: _____
(If Different from Ship To Name)

Shipping _____ Mailing _____
 Address: _____ Address: _____
 _____ (Billing) _____

Postal Code: _____ City: _____
 Province: _____

Effective Date: _____ Country: _____

LEGAL FORM OF BUSINESS

Sole Proprietorship: _____ Corporation: _____ Partnership: _____ Other (please specify): _____

Please provide required information for all the Proprietors, Partners and/or Corporate Officers

Name	Position	S.I.N # or Date of Birth	Home Address	Home Telephone #

How long in business? : _____ Are the premises owned? : _____ Landlord Name (if applicable): _____

Bank: _____ Branch: _____ Phone No. : _____

Contact: _____

Do the legal owners currently have other business interests which deal with Farmers? If so, provide details:

Name: _____ Location: _____

Do you own or manage other locations which do not deal with Farmers? _____ If so, where _____

Is your business associated with a buying group or group of corporate accounts? _____

If so, provide name of group: _____ Person responsible for paying the account: _____

Provincial Sales Tax Lic. No. : _____ Prov.: _____ H.S.T. No. : _____

References (Trade Reference Preferred)

Name	Company	Telephone No.
1		
2		
3		

Annual Volume we may expect:

Ice Cream : _____ Frozen Food : _____ Milk : _____ Other : _____

Credit Limit Requested : _____

The information stated on this page is submitted by the undersigned (hereinafter called "The Applicant") for the province of obtaining credit. The applicant hereby authorizes **Farmers Co-Operative Dairy Limited** (hereinafter called "Farmers") to make inquiries concerning credit worthiness by contacting named references, banks, credit reporting agencies and through other appropriate means, and to disclose the information provided in this Application for the purpose of making such inquiries.

The applicant hereby agrees to make payment to Farmers in accordance with the invoices from time to time rendered and, unless otherwise specified in such invoices, **within fourteen (14) days of the date of receipt of invoice**. The applicant shall be responsible for payment of all costs of collection incurred by Farmers.

Farmers can at any time for such reasons as it deems fit withdraw the credit extended, or vary terms, and shall be under no obligation to extend further credit. Credit privileges shall become effective upon acceptance hereof by the authorized representative of Farmers credit department and shall be deemed to be so accepted by any extension of credit given after the date of this application. Credit privileges may not be transferred or assigned.

Date: _____ Authorized Signature: _____

Authorized Farmers

Representative Signature: _____ Date: _____

GUARANTEE

To: **Farmers Co-Operative Dairy Limited**

For valuable consideration, the receipt and sufficiency whereof is hereby acknowledged, the undersigned hereby guarantee(s) payment to Farmers Co-Operative Limited of all sums at any time owing or remaining unpaid by _____ (the "Company") to Farmers Co-Operative Dairy Limited, heretofore or hereafter incurred or arising and whether incurred by or arising from agreement or dealings between Farmers Co-Operative Dairy Limited and the company or by or from any agreement or dealings with any third party by which Farmers Co-Operative Dairy Limited may be or become in any manner what so ever a creditor of the company or however otherwise incurred or arising.

Witness

Signed

Credit Manager Approval: _____ Date: _____ Credit Limit: _____

FARMERS CO-OPERATIVE DAIRY LIMITED
AGREEMENT ON PAYMENT TERMS & CREDIT

This is an Application and Agreement for credit and shall apply to any and all credit extended by Farmers Co-op Dairy Limited. The credit applicant understands and agrees to the following terms and conditions of sale:

1. **Terms of sale are fourteen (14) days from the date of invoice.** Agents or sales representatives of Farmers Co-op Dairy Limited are not authorized to change or adjust credit terms without written authorization of the Credit Manager.
2. All claims against invoice must be made within **10** days after the receipt of the goods.
3. Goods may not be returned without prior authorization of the Farmers Co-op Dairy Limited.
4. Copies of lost or misplaced invoices provided to the applicant may be subject to a surcharge.
5. Any payment instrument returned by our financial institution will be subject to a \$20.00 surcharge.
6. Failure to comply with these Terms and Conditions may result in cancellation of credit privileges without notice. In the event of any default, Farmers Co-op Dairy Limited may: (a) close the account and/or (b) accelerate payment of the full balance.
7. The applicant agrees to bear all costs incurred in collecting any unpaid amounts including but not limited to collection fees, legal fees, and court costs.
8. The information given in the Application and Agreement is warranted to be true and correct and given for the purpose of obtaining credit.
9. The applicant consents to the obtaining of credit and/or personal information as may be required in connection with the credit line hereby applied for or any renewal or extension thereof and to the disclosure of any information concerning the applicant to any credit reporting agency or to any person with whom the applicant has or proposes to have financial relations.
10. Upon determination that the customer's creditworthiness has changed adversely or does not satisfy current credit standards, Farmers Co-op Dairy Limited may close or lower the credit limit of the account.

Date

Authorized Officer/Owner

**AUTHORIZATION FOR
BUSINESS PREAUTHORIZED DEBIT PLAN ***
Authorization of the Payor to the Payee to Direct Debit and Account

Instructions:

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Please sign the Terms and Conditions on page 3 of this document.
3. Return the completed form with a blank cheque marked "VOID" to the payee.
4. If you have any questions, please contact Ron Richards or Joanne Matheson at Farmers Co-operative Dairy Limited.
5. Normal returned cheque charges will apply to all electronic transactions. Farmers administration charge \$20.00.

PAYOR INFORMATION (Please type or print clearly)

Payor Name :
Address :
Telephone :
Name (s) of Authorized Signing Officer (s) :
Signature (s) of Authorized Signing Officer (s) :
Date :

PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION

AFFIX VOID CHEQUE HERE

PAYEE INFORMATION

Payee Name :

Farmers Co-op Dairy Limited

Address :

P.O. Box 8118, Halifax, Nova Scotia, B3K 5Y6

Telephone :

902-835-3373

Payee Name :

Central Dairies

Address :

P.O. Box 8558, Stn. A , St John's, NF, A1B 3P2

Telephone :

709-364-7531

This form is for PADS which relate to commercial activities or a Payor who is a corporation, organization, trade, association, government entity, profession, venture or enterprise.

AUTHORIZATION FOR BUSINESS PREAUTHORIZED DEBIT PLAN
Terms & Conditions

1. In this Authorization "we", "us" and "our" refers to the Payor listed below hereof.
2. We agree to participate in this Business Preauthorized Debit Plan and we authorize the Payee indicated below hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for goods or services related to our commercial activities (a Business PAD") on our account indicated below hereof (the "Account") at the financial institution indicated below hereof (the "Financial Institution") and we authorize the Financial Institution to honor and pay such debits. This Authorization is provided for the benefit of the Payee and our Financial Institution and is provided in consideration of our Financial Institution agreeing to process debits against our Account in accordance with the Rules of the Canadian Payments Association. We agree that any direction we may provide to draw a Business PAD, and any Business PAD drawn in accordance with this Authorization, shall be binding on us as if signed by us, and, in the case of paper debits, as if they were cheques signed by us.
3. We may revoke this Authorization at any time by delivering a written notice of revocation to the Payee. This Authorization applies only to the method of payment and we agree that revocation of this Authorization does not terminate or otherwise have any bearing on any contract that exists between us and the Payee.
4. We agree that our Financial Institution is not required to verify that any Business PAD has been drawn in accordance with this Authorization, including the amount, frequency and fulfillment of any purpose of any Business Pad.
5. We agree that delivery of this Authorization to the Payee constitutes delivery by us to our Financial Institution. We agree that the Payee may deliver this Authorization to the Payee's financial institution and agree to the disclosure of any information which may be contained in this Authorization to such financial institution.
6. (a) We understand that with respect to:
 - (i) fixed amount Business Pads, we shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of the first Business Pad, and such notice shall be received every time there is a change in the amount or payment date (s);
 - (ii) variable amount Business PADS, we shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date every Business Pad; and
 - (iii) a Business PAD Plan that provides for the issuance of a Business Pad in response to our direct action (such as, but not limited to, a telephone instruction) requesting the Payee to issue a Business PAD in full or partial payment of a billing received by us, the ten (10) day pre-notification is waived.

Delete
either (a)
or (b)
as applicable

-OR-

- (b) We agree to either waive the requirements noted above or to abide by any modification to the above requirements as agreed to with the Payee.
7. We may dispute a Business PAD by providing a signed declaration to our Financial Institution under the following conditions.
 - (a) the Business PAD was not drawn in accordance with this Authorization
 - (b) this Authorization was revoked: or
 - (c) any pre-notification required and not waived by section 6 was not received by us.

We acknowledge that, in order to obtain reimbursement from our Financial Institution for the amount of a disputed Business PAD, we must sign a declaration to the effect that either (a), (b) or (c) above took place and present it to our Financial Institution up to and including but not later than ten (10) business days after the date on which the disputed Business PAD was posted to the Account. We acknowledge that, after this ten (10) business day period, we shall resolve any dispute regarding a Business PAD solely with the Payee, and that our Financial Institution shall have no liability to us respecting any such Business PAD.

8. We certify that all information provided with respect to the Account is accurate and we agree to inform the Payee, in writing, of any change in Account information provided in this Authorization at least ten (10) business days prior to the next due date of a Business PAD. In the event of any such change, this Authorization shall continue in respect of any new account to be used for Business PADS
9. We warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization below.
10. We understand and agree to the foregoing terms and conditions.
11. We agree to comply with the Rules of the Canadian Payments Association, or any other rules or regulations which may effect the services described herein, as may be introduced in the future or are currently in effect and we agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.
12. Applicable to the Province of Quebec only: It is the express wish of the parties that this Authorization and any related documents be drawn up and executed in English. Les parties conviennent que la presente autorisation et tous les documents s'y rattachant soient rediges et signes en anglais.

Name of Payor	Per: Signature of Authorized Signing Officer	Date
	Per: Signature of Authorized Signing Officer	Date

Customer Master Information F 15 -Address Book

Payment Terms: _____ Is This a one Time Customer Y / N: _____
 Credit Manager: _____ Collections Manager: _____
 Special Payee #: _____ Print Statement: _____ Yes / No
 Send Statement: _____ Customer / Parent Statement Cycle: _____
 Tax Explanation Code: _____ Tax Rate / Area: _____
 Tax ID #: _____
 Does this Customer have a parent? _____ If so, what is their name? _____ Account # _____

This section must be filled out by the Credit Department before Address Book record can be set up

Category Codes F 14 - Address Book

Date : _____

<u>Cat. Code</u>	<u>Cat. Code</u>
Branch: _____	Banner: _____
Account Representative: _____	Container Deposit: _____
Sales Territory: _____	Customer Price List: _____ (see Pricing Co coordinator)
Geographic Region: _____	Indep. Dump Allow. %: _____
Customer Category: _____	A/R Clerk Code: _____
Customer Type: _____	Sales Report Code: _____
Cust. Subtype: _____	
Corporation: _____	
Division: _____	

Sales Representative Signature: _____ Authorized Signature: _____

This section must be filled out by Sales Reps. and approved by your Sales Manager before Address Book record can be set up

Customer Billing Instructions F 23 - Address Book

Billing Address Type: _____ S, B, X Del. Days Milk Route # I/C Route #
 Adjustment Schedule: _____
 Customer Price Group: _____
 Cust P.O. Required: _____ Yes / No
 Item Restrictions: _____ Yes / No (see Key Account Mgt.)
 Carrier # _____ (see Manager of Office Services)
 Stop #: _____
 Zone #: _____
 Cross Ref. #: _____

Customer Preference Profiles

Revenue Business Unit: _____
 (see Manager of Office Services)

The revenue business unit is normally tied to the inventory branch plant. e.g. if your order comes out of B/U #10, the revenue goes to B/U #302. This preference would be for exceptions such as a route that loads in Bedford but we want the revenue to go the route branch.

Pricing Unit of Measure : case ____
 see Pricing Coordinator)

Used for customers that order items that are normally ordered and billed in eaches and kgs but wants to be able to order these items in cases and have them shipped and priced by the case. (e.g. UHT Shakes, Random wt. Cheese.)

THIS SECTION TO BE COMPLETED BY SALES REP

	Excellent	Good	Fair	Poor	
Store Location: _____	_____	_____	_____	_____	Recommended Credit Limited: _____
Reputation for Work: _____	_____	_____	_____	_____	Branch manager's Signature: _____
Appearance of Premises: _____	_____	_____	_____	_____	Sales Representative Signature: _____
Additional Information: _____					
Why is this Customer being set up? _____	New Customer _____		Changed Ownership _____		

Equipment Information – To Be Completed By Sales Rep.

Previous Account Name: _____ Previous Account #: _____

Farmers Equipment

Nestle Equipment

G.H.B. Equipment

Tag #

Description

_____	_____
_____	_____
_____	_____

Asset #: _____

Model #: _____

Asset #: _____

Model #: _____