



Canada Malting Co



Last Revised Dec 2013

CUSTOMER PROFILE AND BUSINESS CREDIT APPLICATION

Approved by _____

| | | |
|--------------|-----|----------------------------|
| Company Name | DBA | Amount of Credit Requested |
|--------------|-----|----------------------------|

| | | |
|---------|-------------------|---------------------------|
| Website | Years in Business | Federal TAX ID (USA only) |
|---------|-------------------|---------------------------|

| | | | |
|-------------------------|------|----------------|-----------------|
| Primary Ship to Address | City | State/Province | Zip/Postal Code |
|-------------------------|------|----------------|-----------------|

Check here if there are any additional ship to addresses - please attach separately

| | | | |
|-------------------------|-------|------|-----|
| Your Sales Contact Name | Phone | Cell | Fax |
|-------------------------|-------|------|-----|

| |
|-------|
| Email |
|-------|

| | | | |
|-----------------|------|----------------|-----------------|
| Bill to Address | City | State/Province | Zip/Postal Code |
|-----------------|------|----------------|-----------------|

| | | | |
|-------------------------------|-------|------|-----|
| Accounts Payable Contact Name | Phone | Cell | Fax |
|-------------------------------|-------|------|-----|

| |
|-------|
| Email |
|-------|

Corporation Limited Liability Co Partnership Sole Proprietor

Owners or Principals

| | | | |
|------|-------|--------------|-------|
| Name | Title | Home Address | Phone |
| Name | Title | Home Address | Phone |
| Name | Title | Home Address | Phone |

IF NOT APPLYING FOR CREDIT--STOP HERE--DO NOT CONTINUE--ATTACH CREDIT CARD AUTHORIZATION FORM.

Trade References

| | | |
|------|---------|-------|
| Name | Address | Phone |
| Name | Address | Phone |

Landlord or Mortgage Holder for Business Location

| | | |
|------|---------|-------|
| Name | Address | Phone |
|------|---------|-------|

I am authorized in my capacity to bind the above listed Company accordingly. The representations provided in this Application are complete and accurate. I understand the information provided will be relied upon in the evaluation and extension of credit terms. I authorize the release of all information by references/suppliers. The terms and conditions of this Application shall, upon extension of credit by the Great Western Malting/Canada Malting Company/Country Malt Group/Brewcraft USA Ltd. (hereinafter referred to as the "Creditors"), constitute an agreement of sale. The Applicant agrees to be bound to the terms and conditions stated in this Application. The payment for all sales of goods or services will be according to the terms stated on the Creditors' invoice(s). The failure to pay on the due date of each invoice shall deem the debt to be delinquent. In the event of a delinquency, the Creditors may impose a late charge of two percent per month on the delinquent balance until paid. In the event of a delinquency, all collection expenses, including collection agency fees and costs, attorney's fees, and any court costs incurred in connection with the collection of the debt shall be due and payable by the Applicant. **Must be actual/handwritten signature; digital/electronic/stamped signatures are not accepted.**

| | | | |
|----------------------|--------------|-------|------|
| Authorized Signature | Printed Name | Title | Date |
|----------------------|--------------|-------|------|

REQUIRED PERSONAL GUARANTEE:

For and in consideration of your extending credit at my request to the above listed Company, I hereby personally guarantee to you the payment of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, nonpayment and notice thereof, and consent to any modification or renewal of the credit agreement hereby guaranteed. **Must be actual/handwritten signature; digital/electronic/stamped signatures are not accepted.**

| | | | |
|----------------------|--------------|--------------------------|------|
| Authorized Signature | Printed Name | Social Security # or SI# | Date |
|----------------------|--------------|--------------------------|------|

| | | | |
|----------------------|--------------|--------------------------|------|
| Authorized Signature | Printed Name | Social Security # or SI# | Date |
|----------------------|--------------|--------------------------|------|