# CUSTOMER PROFILE FORM / BUSINESS CREDIT APPLICATION
# CANADIAN CUSTOMERS

**TERMS REQUESTED** - *required to check one*

◉ **Prepaid** - Payable via ACH, wire transfer, or credit card (Visa, Mastercard, & Discover) upon placing orders, being released for shipment after payment processing is complete.

◯ **Net 30 Days** - Credit Line Requested = $ *(Note: Credit card payments are not accepted on accounts with N30 terms)*

**COMPANY INFORMATION** – *all required*

| | |
|---|---|
| Legal Entity Name: | Trade Name/DBA (if different): |
| Business Structure *(check one)*: ◉ Corporation ◯ LLC ◯ Partnership ◯ Sole Proprietor | Years in Business: |
| Type of Business *(check all that apply)*: ☐ Brewery ☐ Distillery ☐ Winery ☐ Meadery ☐ Cidery ☐ Non-malt Beverage ☐ Retail ☐ Food ☐ Other | |

**OWNERS / PRINCIPALS** – *at least one is required*

| | | | | |
|---|---|---|---|---|
| Name: | Title: | Email: | Phone: | |
| Home Street Address: | | City: | Province: | Postal Code: |
| Name: | Title: | Email: | Phone: | |
| Home Street Address: | | City: | Province: | Postal Code: |

**BUSINESS INFORMATION** – *all required*

| | | | |
|---|---|---|---|
| Physical Address of Business: | City: | Province: | Postal Code: |
| Phone: | Website: | | |

**PRODUCTION** – *required for breweries and distilleries as applicable below*

| |
|---|
| Breweries & Distilleries – Est Annual Production (in hectoliters): |

**BUSINESS CREDENTIALS** – *required*

| | |
|---|---|
| Canada Revenue Agency Business License #: | Tax-Exemption Certification, *if applicable attach with application* Is certificate attached? ◯ Yes ◉ N/A |

**Breweries, Distilleries, Wineries, Cideries, Meaderies** – *required if in any of these business types*

| |
|---|
| CRA Excise Duty License/Permit #: |

**BILLING INFORMATION** – *all required*

| Bill To Street Address: | City: | State: | Zip Code: |
|---|---|---|---|
| | | | |

**Billing Contacts (invoices sent via email)** – *one Primary is required*

| Primary | Name | Title | Email Address | Phone |
|---|---|---|---|---|
| ○ | | | | |
| ○ | | | | |
| ◉ | | | | |
| ○ | | | | |

**AUTHORIZED BUYERS** *(Authorized individuals allowed to place orders on account)* – *one Primary is required*

| Primary | Name | Title | Email Address | Phone |
|---|---|---|---|---|
| ○ | | | | |
| ○ | | | | |
| ◉ | | | | |
| ○ | | | | |

**SHIPPING INFORMATION** *(If more than four addresses, please include all information separately)*

**Primary Shipping Address** (main shipping location) – *all required*

| Onsite Contact Name: | Title: | Email: | Phone: | |
|---|---|---|---|---|
| Shipping Street Address: | | City: | State: | Zip Code: |

Does this location have a silo? ○ Yes ◉ No

**Second Shipping Address** (other shipping location)

| Onsite Contact Name: | Title: | Email: | Phone: | |
|---|---|---|---|---|
| Shipping Street Address: | | City: | State: | Zip Code: |

Does this location have a silo? ○ Yes ◉ No

**Third Shipping Address** (other shipping location)

| Onsite Contact Name: | Title: | Email: | Phone: | |
|---|---|---|---|---|
| Shipping Street Address: | | City: | State: | Zip Code: |

Does this location have a silo? ○ Yes ◉ No

**Fourth Shipping Address** (other shipping location)

| Onsite Contact Name: | Title: | Email: | Phone: | |
|---|---|---|---|---|
| Shipping Street Address: | | City: | State: | Zip Code: |

Does this location have a silo? ○ Yes ◉ No

## AUTHORIZATION

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. The terms and conditions of this Application shall, upon extensions of credit by Canada Malting Company, The Country Malt Group, and Great Western Malting (hereinafter referred to as the "Creditors"), constitute an agreement of sale, and the applicant agrees to be bound to the terms and conditions stated in this Application. Payment for all sales of goods or services will be according to the terms stated on the Creditors' invoice(s). Any amount not paid when due shall be considered delinquent and, if permitted under applicable law, shall accrue a late charge of the lesser of two percent per month or the maximum rate allowed by law, calculated and compounded monthly. If any portion of the delinquent balance is determined to exceed applicable legal limits, Creditors shall be entitled to charge the highest rate permitted without penalty. In the event of a delinquency, the Applicant shall be responsible for all reasonable costs of collection, including attorney's fees, court costs, and collection agency fees as permitted by applicable law.

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

**Personal Guarantee:**
In consideration of Creditors extending credit to the above-listed Company at my request, I personally and unconditionally guarantee payment of all obligations to Creditors. This continuing and irrevocable Guarantee applies to all obligations incurred before Creditors receive written notice of revocation, which shall apply only to future credit extensions and shall not release me from liability for any outstanding amounts due at the time of revocation. I waive any requirement that Creditors first pursue collection from the Company and consent to modifications, extensions, or renewals of credit terms without notice. I also waive notice of default, nonpayment, and demand for payment. If required by applicable provincial law, I acknowledge that my spouse has provided written consent to this Guarantee.

| Authorized Signature | Name | SIN# | Date |
|---|---|---|---|

**Return complete & signed form to newaccts@souffletmalt.com**

*Please submit your application in advance of needing to place an order for products to allow time for processing. Incomplete or illegible forms will be returned for completion, so please be aware that orders will not process during this time.*