

The undersigned wishes to become a non-member of *WESTERN DRUG DISTRIBUTION CENTER LIMITED*, a co-operative incorporated under "The Co-operative Associations Act" and continued under the Cooperatives Act of the Province of Alberta.

The undersigned has read the qualifications To Purchase under a "Non-Member/Customer Status" and that he/she otherwise meets the requirements to purchase products and agrees to abide by the qualifications.

DATED this: \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

## LEAD PRACTICE INFORMATION

Legal Business Name: \_\_\_\_\_

☐ attached is Certificate of Incorporation ☐ company is listed as Professional Corporation ☐ I am a sole proprietor (provide SIN)

Sole Proprietor requires a social insurance number to be held in confidence at WDDC \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Actual Clinic Name: \_\_\_\_\_

Corporate RC # tax number (registered corporation #) (RC#) \_\_\_\_ RC000 \_\_\_\_

PST # \_\_\_\_\_

Main **shipping** Address: \_\_\_\_\_

Bay#: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Main clinic email: \_\_\_\_\_ main clinic contact(s): \_\_\_\_\_

Shipping Preference: ☐ Purolator ☐ Loomis ☐ ATS

Main **mailing** Address (if different than above): \_\_\_\_\_

Box#: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## PRINCIPAL(S) / OFFICER(S)

Last Name	First Name	Title/Position*	%Ownership	Provincial License #
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

\* eg: DVM / Office manager / Technician /

**Corporate – Head Office**  
17611 109A Avenue  
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**Winnipeg Distribution Center**  
1600 Inkster Boulevard  
Winnipeg, Manitoba R2X 2W4

Admin. (780) 413-2508 • Order Desk (780) 413-2163/1-877-746-9332 • Fax (780) 413-2530 • Toll Free Fax 1-800-329-9332

Website: <http://www.wddc.com> • e-mail: [mservice@wddc.com](mailto:mservice@wddc.com)

**BUSINESS INFORMATION**

Year Business Started: \_\_\_\_\_ 20\_\_\_\_ Year Present Ownership Established: \_\_\_\_\_ 20\_\_\_\_

Clinic Type: ☐ Large Animal ☐ Companion Animal ☐ Mixed Animal (\_\_\_\_ % CA \_\_\_\_ % LA) ☐ Equine ☐ Other (\_\_\_\_\_)

Practice Management Software used: \_\_\_\_\_

Internet Capable: ☐ Yes ☐ No Website info: \_\_\_\_\_

Expected Monthly Purchases: \_\_\_\_\_ Expected Yearly Purchases: \_\_\_\_\_

**BANKING INFORMATION**

New Non Members are required to complete a credit card application form for payment (see attached). Once credit history has been established (over a period of one year or otherwise determined by WDDC finance department ) then other methods of payment will be accepted (eg: EFT, cheques, on line banking or pre-authorized).

A prompt payment discount of 2.00% (before GST) is given to members that are current and pay within WDDC terms.

**PAYABLES CONTACT INFORMATION**

**Contact person: #1 \_\_\_\_\_ #2 \_\_\_\_\_**

Phone #: ( ) \_\_\_\_\_ ext# \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

EMAIL #1: \_\_\_\_\_ EMAIL #2: \_\_\_\_\_

*All information pertaining to credit cards, social insurance and home phone numbers will be held in a secure location within WDDC.*

I agree to abide by the terms and conditions listed in this Application and those that from time to time may be set forth in the WDDC online catalog. I authorize WDDC to obtain all credit and other necessary personal information from credit agencies and veterinary associations that it deems necessary, and to share such information with credit agencies and veterinary associations in order to accept this Application and in order for WDDC to continue to supply product to me. For Non-member accounts WDDC does require a valid credit card and credit card payment authorization form to be completed and included with this application. Orders must be processed on this credit card before the product can be processed for shipping.

I further authorize WDDC to collect, use and disclose information about the products purchased by me, for the purposes of: a) establishing and maintaining effective responsible relations with customers and veterinary associations; b) understanding customers' needs and preferences for their future products/service requirements to ensure adequate supplies of inventory from suppliers/manufacturers; c) ensuring customer information is accurate and up-to-date in order to continue providing them with ongoing products and services; d) protecting each of us against error or fraud; e) developing, marketing and enhancing products and services to customers; and f) as required by law.

**PAYMENT TERMS**

Orders placed between the 1<sup>st</sup> to the 15<sup>th</sup> of any given month are due at the end of the month. Orders placed between the 16<sup>th</sup> to the 30<sup>th</sup> of any given month are due on the 15<sup>th</sup> of the following month. WDDC statement periods are the 15<sup>th</sup> and the last day of every month. Title does not pass from WDDC until merchandise is paid for.

Regardless of the location to which orders filled by WDDC may be delivered, the legal entity identified as the Lead Practice on this Application will be solely liable to WDDC for payment of all orders filled by WDDC. It is the responsibility of the applicant to advise WDDC of any change of ownership of any alternate site.

Any accounts that have a balance in excess of 30 days will incur a 0.75% interest charge per statement period (19.64% per annum). Shipments on past due accounts will be put on hold until payment arrangements have been made. Any charge backs are subject to a \$25.00 service charge.

**Authorized Signature(s) \_\_\_\_\_ X \_\_\_\_\_**

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Your Center accepts MASTERCARD® and VISA® as an alternative means of paying your statement balance.

The benefits to you by charging your purchases to your MASTERCARD®/VISA® will allow you to take advantage of the various AIRMILES or other incentive programs currently in place with your credit card company. In addition, you may have the ability to extend payment terms according to the various financial institutions' terms.

Please take a couple of moments to read the following agreement. If you wish to use your card for payment, please fill in and sign the bottom of this form as authorization and fax it back to your Center at **1-800-329-9332**. At the present time, MASTERCARD® and VISA® are the only cards that your Center can accept as a form of payment.

- ◆ This form must be completed and filed at the WDDC office before we are authorized to charge your statement balance to your MASTERCARD®/VISA®.
- ◆ MASTERCARD®/VISA® purchases are not eligible for WDDC's 2% prompt payment discount because of the merchant fees associated with accepting Credit Cards.
- ◆ **WDDC will automatically process your card 3 business days before the close of the next statement cycle.** Please ensure you have an adequate credit limit to cover your purchases. (WDDC Statement cycles are the 15<sup>th</sup> and 30<sup>th</sup> of each month)

If you have any questions, please do not hesitate to call us at 780-413-2163 or 1-877-746-9332  
*All information pertaining to credit cards, social insurance and home phone numbers will be held in a secure location within WDDC.*

Date \_\_\_\_\_ Member # \_\_\_\_\_

Clinic Name \_\_\_\_\_

Card Holder Name \_\_\_\_\_

CC Transaction Receipt Email Address \_\_\_\_\_

**Please check one:**

- ☐ Yes, I would like to use my MASTERCARD®/VISA® to charge my WDDC invoices on my statement 3 business days before the end of the statement cycle.
- ☐ No, please keep my MASTERCARD®/VISA® on file for any future WDDC charges I request.

My VISA® # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_ CVC Code \_\_\_\_\_

My MASTERCARD® # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_ CVC Code \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

***I agree to the above terms and authorize WDDC to charge purchases to the above Card Number. I understand these rates/policies are subject to change based on rates charged and policies in effect by the merchant financial institutions. These may change with or without notice.***

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