



**ALTERNATE "SHIP TO" SITE APPLICATION**

The undersigned is a member of WESTERN DRUG DISTRIBUTION CENTER LIMITED, a co-operative incorporated under "The Co-operative Associations Act" of the Province of Alberta and hereby has taken one share in WESTERN DRUG DISTRIBUTION CENTER LIMITED at a price of ONE THOUSAND (\$1000.00) DOLLARS per share.

The undersigned has read the qualifications for membership listed and subject to this application being approved represents that he/she otherwise meets the requirements of members and agrees to abide by the qualifications of membership as therein provided By-Laws of WESTERN DRUG DISTRIBUTION CENTER LIMITED.

**This account is linked to main account:** \_\_\_\_\_ **Dated this,** \_\_\_\_\_ **day of** \_\_\_\_\_ **20** \_\_\_\_\_

**Main lead practice name:** \_\_\_\_\_ **Lead Practioners:** \_\_\_\_\_

Alternate Clinic Name: \_\_\_\_\_

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

Alternate account shipping Address: \_\_\_\_\_

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

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

Purchasing Email: \_\_\_\_\_ Purchasing contact(s): \_\_\_\_\_

Program type:  Veterinary Teaching  AHT / RVT  VOA / VOM  Humane Society  Zoo  Veterinary Clinic

other \_\_\_\_\_

Shipping Preference:  Purolator  Loomis  ATS

**LEAD PRACTIONERS (veterinarian responsible for the account and the product going into the facility):**

Last Name	First Name	Title/Position	% of ownership	Provincial License #
1. _____	_____	(DVM)	_____	_____
2. _____	_____	(DVM)	_____	_____
3. _____	_____	(DVM)	_____	_____

**PAYABLES CONTACT INFORMATION**

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

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

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

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



**Payment Methods:**

Online Banking to WDDC     EFT (electronic funds transfer form attached)     Cheque     Credit Card (form attached)

**How would you like to receive your statements?**

Email: \_\_\_\_\_     Fax: \_\_\_\_\_

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 catalogue. 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.

I further authorize WDDC to collect, use and disclose information about me and 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.

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

**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 Facility 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 lead practioners of any facility.

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

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.

On behalf of all employees of this company, I consent to receive all 'commercial electronic messages' (CEMs) from Western Drug Distribution Center ("WDDC"). These CEMs may pertain to dissemination of general information, noticed, update, clippings, requests for comments, briefings, minutes, and any other information that WDDC deems necessary to carry out its day-to-day business."

Authorized Signature(s) \_\_\_\_\_  
having signing authority (signature)  
for Alternate account

\_\_\_\_\_  
(printed name)