

# NEW ACCOUNT **SET UP**

#### Welcome!

Thank you for your request to open an account with Safety Supplies Canada. The approval process typically takes 1-2 business days (if trade references require contacting, expect a 5-7 day approval process). Once approved, you will receive an email outlining your terms.

Please complete and return the following forms:

- Account Set Up
- Credit References
- Standard Terms Agreement
- Warranty and Return Agreement

#### Return to:

Safety Supplies Canada

Attn: Accounts

accounts@safetysuppliescanada.com

Fax: 780-962-9382

If you have any questions, please do not hesitate in contacting any of the Safety Supplies Canada team members.

Thank you for choosing Safety Supplies Canada.

~ The SSC Team



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Please fill out the below and e-mail or fax to: **E** | accounts@safetysuppliescanada.com **F** | 780-962-9382

### \* YOUR REQUEST WILL BE PROCESSED IN THE ORDER IT WAS RECEIVED \*

| Company Legal Name:                                       |                       |   |  |                                  |
|---|-----------------------|---|--|----------------------------------|
| Operating As:   |                       |   |  |                                  |
| Billing Address:  |                       |   |  |                                  |
| Billing Contact Name:                                     |                       |   | Billing Phone:                           |                                  |
| Billing Email:  |                       |   |  |                                  |
| Shipping Address:   |                       |   |  |                                  |
| Order Contact Name:                                       |                       |   | Order Phone:                             |                                  |
| Order Email:  |                       |   |  |                                  |
| Organization Type:  | Corporation           | Partnership                             | Proprietorship                           | Other:                           |
| Nature of Business:                                       |                       |   | Years in business:                       |                                  |
| Requested Terms:  | COD                   | Credit Card  (fill out card info below) | Net 30 (fill out credit references page) |                                  |
| CC Number:  |                       |   | Expiry:                                  | CVC:                             |
| NOTE: By signing this appl<br>your card for orders placed |                       | g us to keep this card info on f        | ile for future orders, and this will     | automatically allow us to charge |
|   | the purposes of setti | ng up the account. The u                |  | eceive information about th      |
| Print Name:   |                       |   | Title:                                   |                                  |
| Signature:  |                       |   | Date:                                    |                                  |

**SAFETY SUPPLIES CANADA** 

#469C South Avenue, Box 3612 | Spruce Grove, AB | T7X 3A8



# CREDIT **REFERENCES**

Please fill out the below and e-mail or fax to: **E** | accounts@safetysuppliescanada.com **F** | 780-962-9382

### \* YOUR REQUEST WILL BE PROCESSED IN THE ORDER IT WAS RECEIVED \*

| Credit Limit Requested:  |  | PO required: Y  | / N  |  |
|--|--|---|--|--|
| Authorized Purchasers:   |  | ·   | •  |  |
| Name   | Title  | Phone   | Email  | Online<br>Ordering?                                    |
|  |  |   |  | Y / N  |
|  |  |   |  | Y / N<br>Y / N   |
| Credit References:   |  |   |  |  |
| Company Name   |  | Contact Name  | Email or Fax   | Est Annual<br>Spend                                    |
|  |  |   |  |  |
|  |  |   |  |  |
| agrees that in the event of 2% per month. In the agrees to pay all costs of and service charges. It is necessary, such informa | elow, the und said account event that left collection, in also agreed tion as may be | dersigned acknowledges the becomes past due, interestigal or other proceedings an including reasonable attorn that SSC is authorized to choose required concerning this I ON THIS FORM IS CORRECT | re required to collect any past<br>eys' fees and court costs, alor<br>neck credit references and to<br>application.<br>T, AND THAT WE FULLY UNDE | ent amounts owed at the rate t due amounts, the Client |
|  |  | NT IN CONSIDERATION OF C  |  |  |
|  |  |   | Date:  |  |

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## STANDARD TERMS **AGREEMENT**

Please fill out the below and e-mail or fax to: **E** | accounts@safetysuppliescanada.com **F** | 780-962-9382

### \* YOUR REQUEST WILL BE PROCESSED IN THE ORDER IT WAS RECEIVED \*

We would like to take this opportunity to briefly set forth our terms for maintaining an open account with SSC. Our standard terms are net 30 days on approved credit accounts. Invoices are emailed out to the billing email address provided once product has been shipped. Monthly statements will be emailed also. Please notify SSC if the billing contact changes or if there are any discrepancies with billing. Prompt payment is appreciated. We accept cheque, direct deposit, Visa, MasterCard, and American Express.

A 3% processing fee applies to all invoices over \$2,000.00 (credit card payments only). (initial

| A \$25.00 fee will be applied to any returned chec   | ues. (initial)  |
|--|---|
| All payments should be mailed to: Safety Supplies Canada o/b Nadawco Inc Box 3612, 469C South Ave Spruce Grove, AB T7X 3A8 |   |
| Past Due Accounts  |   |
| Should invoices not be paid on time, you will be assessed department to resolve any past due balances on your acc          | late fees as outlined below. Please contact the SSC accounting ount.  |
| <b>30 days:</b> If your account is overdue past 30 days, you will will be sent to the billing contact on file. (initial)   | incur a late fee of 2% of the past due amount. An email reminder  |
| day notice to pay. On the fifth day, your account will be plees. While your account is on hold, you will be unable to      | reminder will be sent to the billing contact on file with a five (5) laced on credit hold until all invoices are paid in full, including lat place future orders and any backorders will not be shipped. To y by credit card (3% fee applies) or mail a cheque. Once we receive will be removed from credit hold. (initial) |
| sent via certified mail. Orders/backorders will not be pro-  | ·   |
| Print Name:  | Title:  |
| Signature:   | Date:   |
|  | SAFETY SLIPPLIES CANAD  |

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# WARRANTY & RETURN AGREEMENT

Please fill out the below and e-mail or fax to: **E** | accounts@safetysuppliescanada.com **F** | 780-962-9382

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### **Warranty Policy**

SSC will honor any manufacturer warranties for any defects in material and/or workmanship, not wear and tear. All products covered by these warranties will be repaired or replaced. SSC will determine whether a product can be repaired or must be replaced.

Customers must request and receive a return authorization (RA) number before any warranty return will be accepted. This number must be included on the box and in the shipping documents when returned.

SSC will pay freight costs for warranty returns and replacements at regular ground rates. If express shipping is required, this will be the client's responsibility.

#### **Return Policy**

| Any product purchased from SSC may be returned within 30 days of ori original sale document, is unused and in new condition, and accompanino refund for shipping and handling charges. (initial)   |  |  |  |  |
|--|--|--|--|--|
| A 25% restocking fee will be charged for products returned for refund.  - Product returned for credit toward a future purchase will not given towards shipping and handling charges. Freight will be ch balance. The credit will be placed on the client account, and will | be charged a restocking fee. There will be no credit arged on any subsequent purchase using the credit |  |  |  |
| Exchanges must be made within 90 days of purchase and product must be unused and in new condition. A shipping and handling fee will be charged. (initial)  |  |  |  |  |
| A return authorization (RA) number must be obtained prior to any return or exchange, and must be included with the return. All return and replacement freight costs will be the responsibility of the client.  |  |  |  |  |
| Print Name:  | Title:   |  |  |  |
| Signature:   | Date:  |  |  |  |

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