



Pratts Limited
 101 Hutchings Street * Winnipeg, Manitoba * R2X 2V4
 Phone (204) 949-2800 Fax (204) 949-2828

Pratts Wholesale Food Service Ltd
 1450 Park Street * Regina, Saskatchewan * S4N 2G2
 Phone (306) 546-5444 Fax (306) 546-5555



APPLICATION FOR CREDIT

DATE:	PRATTS SALES REP:
BUSINESS NAME:	LEGAL NAME:
PHONE # () FAX # ()	EMAIL:
BILL TO INFORMATION:	SHIP TO INFORMATION:
STREET & No.	STREET & No.
CITY/PROVINCE:	CITY/PROVINCE:
POSTAL CODE:	POSTAL CODE:
RESIDENCE STATUS:	OWNER RENTING HOW LONG? YRS/MTH
PST #	LANDLORD'S NAME:
GST #	LANDLORD'S ADDRESS:
PROV TOBACCO TAX #	LANDLORD'S PHONE#:

TYPE OF OWNERSHIP (please check one box only)

Proprietorship Partnership Corporation

PRINCIPAL OWNER NAME	A/P CONTACT
HOME ADDRESS:	HOME PHONE # () -
STREET & No.	ANNUAL SALES: \$
CITY/PROVINCE:	OWNED: YES NO
POSTAL CODE:	LEASED: YES
YEARS AT CURRENT LOCATION:	LANDLORD'S NAME:
PREVIOUS BUSINESS NAME	ADDRESS:
ADDRESS:	PHONE # () -
TYPE OF BUSINESS:	CITY/PROVINCE:

HAVE YOU OR A CORPORATION THAT YOU WERE AN OFFICER OF EVER FILED BANKRUPTCY? YES NO

BANK NAME: DATE:

ACCOUNT MANAGER: ADDRESS:

TRADE REFERENCES

NAME:	CONTACT:
CITY/PROVINCE:	PHONE # () -
NAME:	CONTACT:
CITY/PROVINCE:	PHONE # () -

BUSINESS AGREES TO CREDIT TERMS OF SALE AS STATED ON EACH INVOICE AND ALSO AGREES TO PAY 12% PER YEAR INTEREST ON ALL PAST ACCOUNTS BOTH BEFORE AND AFTER JUDGMENT, AND FURTHER AGREES TO PAY ALL LEGAL FEES ON A SOLICITOR AND CLIENT BASIS TO COLLECT PAST DUE ACCOUNTS.

NAME & TITLE: SIGNATURE:

FOR OFFICE USE ONLY

FOOD SERVICE OR RETAIL	DOCK CALL YES OR NO
PRICING	FREIGHT RATE:
TERMS	OR MINIMUM CHARGE:
METHOD OF PAYMENT	FOLLOW UP:
CUST CURRENT PURCHASES	ROUTE AND STOP
PRATTS CREDIT LIMIT	
DELIVERY DATES M T W TH F	
DELIVERY TIME REQUESTED:	
AM PM F/S ONLY	PRICING: S.R.P.

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PERSONAL GUARANTEE (NOT APPLICABLE TO ALBERTA)

IN CONSIDERATION OF AND IN ORDER TO INDUCE PRATTS LIMITED AND PRATTS WHOLESALE FOOD SERVICE LTD ("PRATTS") TO EXTEND CREDIT AND SUPPLY GOODS TO:

(COMPANY NAME)
(PLEASE PRINT)

THE UNDERSIGNED BEING THE SHAREHOLDER, OFFICER OR DIRECTOR OF THE COMPANY:

(GUARANTOR NAME)
(PLEASE PRINT)

DOES HEREBY JOINTLY AND SEVERALLY UNCONDITIONALLY GUARANTEE THE PAYMENT OF ALL SUMS WHICH MAY BE OR BECOME DUE TO PRATTS FOR MERCHANDISE SOLD AND DELIVERED TO THE COMPANY. I FURTHER AGREE TO PAY ALL LEGAL FEES ON A SOLICITOR AND CLIENT BASIS INCURRED BY PRATTS IN COLLECTING THE OUTSTANDING BALANCE ON THE ACCOUNT AS AGAINST THE COMPANY OR AS AGAINST MYSELF AS GUARANTOR.

IT IS UNDERSTOOD THAT THIS IS A PERSONAL GUARANTEE WHICH SHALL BE EFFECTIVE DESPITE ANY RENEWAL, MODIFICATION OR WAIVER BY PRATTS OF ANY OBLIGATIONS, AND NO SUCH MODIFICATION, RENEWAL OR WAIVER SHALL OPERATE TO DEFEAT OR AFFECT THIS GUARANTEE. THIS SHALL BE A CONTINUING GUARANTEE TO SECURE WHATEVER BALANCE IS NOW OR MAY HEREAFTER BE DUE BY THE COMPANY AND SHALL CONTINUE DESPITE THE INSOLVENCY OF THE COMPANY AND SHALL CONTINUE DESPITE THE GUARANTOR NO LONGER BEING A SHAREHOLDER, OFFICER OR DIRECTOR OF THE COMPANY AND THIS GAUARANTEE MAY NOT BE ASSIGNED WITHOUT WRITTEN CONSENT OF PRATTS. PRATTS SHALL NOT BE OBLIGATED TO ATTEMPT TO FIRST COLLECT AGAINST COMPANY.

I UNDERSTAND AND AGREE TO THE CREDIT TERMS OF SALE AS STATED ON EACH INVOICE AND TO THE CONDITIONS DESIGNATED BY PRATTS. I ALSO UNDERSTAND AND AGREE TO PAY INTEREST ON ALL PAST DUE AMOUNTS AT THE RATE OF 12% PER ANNUM BOTH BEFORE AND AFTER JUDGMENT.

I ACKNOWLEDGE THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO SEEK INDEPENDENT LEGAL ADVICE IN CONNECTION WITH THIS GUARANTEE PRIOR TO SIGNING IT.

IN WITNESS WHEREOF THE GUARANTOR HAS HEREUNTO AFFIXED MY HAND this _____ day of _____, 20__.

WITNESS
(SIGNATURE)

GUARANTOR
(SIGNATURE)

PRE-AUTHORIZED PAYMENT AUTHORIZATION (“PAD”)

Payor Name: _____ (the “Payor”)

Store Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Processing Institution: _____ (the “Processing Institution”)

THIS FORM MUST BE ACCOMPANIED BY A VOID CHEQUE

I/We authorize Pratts Limited (the “Payee”) to process an electronic debit in a variable amount with “variable payment amount” being stated on a statement faxed to me/us 2 days before debit date, on my/our account on **each Friday of every week OR the last/first Friday of every month** beginning _____.

I/We acknowledge that I/we have read, understood and accepted all the provisions contained in the Pre-Authorized Payment Authorization – Terms and Conditions, and I/we have received a copy.

Date: _____

Payor Name: _____

Per: _____
(signature of Authorized Signing Officer)

Name(s) of Authorized Signing Officer(s): _____

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PRE-AUTHORIZED PAYMENT AUTHORIZATION – TERMS AND CONDITIONS

I/we acknowledge that this Authorization is provided for the benefit of the Payee and the Processing Institution and is provided in the consideration of the Processing Institution agreeing to process debits against my account in accordance with the Rules of Payments Canada.

I/we warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

I/we hereby authorize the Payee to draw on the Payor account number _____ with the Processing Institution, for the following purpose: payment of goods and services related to commercial activities of the Payor.

This authorization may be cancelled at any time upon notice by the Payor. I/we acknowledge that, in order to revoke this authorization, I (We) must provide ____ days (not to exceed 30 days) notice of revocation to the Payee. The Payor may obtain a sample cancellation form or further information on their right to cancel a PAD Agreement at the Processing Institution or by visiting www.payments.ca.

I/we acknowledge that provision and delivery of this authorization to the Payee constitutes delivery by the Payor to the Processing Institution. Any delivery of this authorization to you constitutes delivery by the Payor.

The Payor and Payee agree to waive the pre-notification requirement set out in Appendix I.I of rule H1 of the Payments Canada.

I/we undertake to inform the Payee, in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD.

The account that the Payee is authorized to draw upon is indicated in the accompanying authorization. A specimen cheque for this account has been marked "VOID" and attached hereto.

I/we acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount.

I/we acknowledge that the Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition of honouring a PAD issued or caused to be issued by the Payee on the Payor account.

Revocation of this authorization does not terminate any contract for goods or services that exists between the Payor and the Payee. The Payor's Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods and services exchanged.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form a Reimbursement Claim for more information on your recourse rights. I/we may contact the Processing Institution or visit www.payments.ca.

The Payor acknowledges that a claim on the basis that the Payor's Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and the Payor when disputing any PAD after 10 business days in the case of a Business PAD.

"Business PAD" means a PAD (Pre-Authorized debit in paper, electronic or other form) drawn on the account of a payor such as, but not limited to, a corporation, an organization, a trade, an association, a government entity, a profession, a venture or an enterprise, for the payment of goods and services related to commercial activities of a payor.