

**NEW CUSTOMER CREDIT APPLICATION**

Are you an existing WESCO customer? **Y**    **N**    If yes, please complete section A, B & D. Otherwise, complete the full form.

|   |              |                              |              |
|---|--------------|------------------------------|--------------|
| <b>SECTION A</b>  |              |                              |              |
| <b>BUSINESS CONTACT INFORMATION</b>   |              |                              |              |
| Company Name:   |              |                              |              |
| Phone:  |              | Website:                     |              |
| Company Email:  |              |                              |              |
| Company Address:  |              |                              |              |
| City:   | Province:    |                              | Postal Code: |
| Shipping / Site Address:<br><small>if different from filling multiple shipping addresses please attach list</small>                             |              |                              |              |
| City:   | Province:    |                              | Postal Code: |
| Phone:  |              | Number of Years in Business: |              |
| P.S.T. Exemption No. <u>OR</u> FIN 490 Certificate of Exemption General* <span style="float: right;"><small>(Please attach form)</small></span> |              |                              |              |
| Sole Proprietorship:  | Partnership: | Corporation:                 | Other:       |
| Email Invoices: <b>Y</b> <b>N</b>   |              | Email:                       |              |
| A/P Contact:  |              | Manager:                     |              |
| Email :   |              | Email:                       |              |
| Phone:  |              | Phone:                       |              |
| Purchaser:  |              | Site Supervisor:             |              |
| Email:  |              | Email:                       |              |
| Phone:  |              | Phone:                       |              |

|   |           |                                     |              |
|---|-----------|-------------------------------------|--------------|
| <b>SECTION B</b>                            |           |                                     |              |
| <b>BUSINESS AND CREDIT INFORMATION</b>      |           |                                     |              |
| Line of Credit Requested: \$                |           | EFT Payments: <b>Y</b> <b>N</b>     |              |
| Estimated Yearly Volume: \$                 |           | COD Account Only: <b>Y</b> <b>N</b> |              |
| Purchase Orders Required: <b>Y</b> <b>N</b> |           |                                     |              |
| Current Provider of Safety Products:        |           |                                     |              |
| Bank Name:                                  |           |                                     |              |
| Bank Address:                               |           | Phone:                              |              |
| City:                                       | Province: |                                     | Postal Code: |
| Contact:                                    |           |                                     |              |
| Branch:                                     |           | Account No.:                        |              |

Please send completed credit application to [connect@hazmasters.com](mailto:connect@hazmasters.com) or directly to your local branch.

\*Please see attached letter of explanation at the end of this credit application.

| SECTION C                 |                      |
|---------------------------|----------------------|
| BUSINESS/TRADE REFERENCES |                      |
| <b>1. Company Name:</b>   | <b>Contact Name:</b> |
| <b>Phone:</b>             | <b>Email:</b>        |
| <b>2. Company Name:</b>   | <b>Contact Name:</b> |
| <b>Phone:</b>             | <b>Email:</b>        |
| <b>3. Company Name:</b>   | <b>Contact Name:</b> |
| <b>Phone:</b>             | <b>Email:</b>        |

| SECTION D  |
|--|
| AGREEMENT  |
| <p>I understand that any credit granted is based on Net 30 day terms, unless otherwise stated. Overdue accounts will be charged interest at 2% per month or 24% per annum. I hereby authorize and consent to the bank and references listed in this credit application to release information necessary to assist Hazmasters Inc. in establishing a line of credit.</p> <p>The applicant/undersigned certifies that all information contained herein is true and accurate. The applicant/undersigned consents and authorizes Hazmasters Inc., or their acting agents, to obtain information from or report to any credit reporting agency in relation to this agreement. The applicant/undersigned further acknowledges and consents to any outstanding balances along with this application information being turned over to third party collection or litigation. All equipment remains the property of Hazmasters Inc. until paid for in full.</p> <p>Unless there are different or additional terms and conditions contained in a master agreement that modify Hazmasters', a division of WESCO Distribution Canada LP, standard terms, buyer agrees that quotes and purchase order acknowledgments will be governed by Hazmasters' terms and conditions available at <a href="http://www.wesco.com/CANADA_TERMS_AND_CONDITIONS_OF_SALE.PDF">www.wesco.com/CANADA_TERMS_AND_CONDITIONS_OF_SALE.PDF</a>. As such terms may be updated from time to time, which are incorporated herein by reference and made part hereof.</p> |

| E-MAIL COMMUNICATIONS CONSENT  |   |  |
|--|---|--|
| <p>As a senior officer for my organization, I consent for those within my organization to receive electronic communications from Hazmasters Inc. and its related and affiliated entities, including advertisements, promotions, announcements, messages, newsletters, product information and other electronic communications that may be of interest to my organization or that may otherwise relate to my organization's existing or potential commercial relationship with Hazmasters. I understand that I can withdraw my consent at any time.</p> |   |  |
| <table border="0"> <tr> <td style="vertical-align: top;"> <p><b>Please note that our remittance address is:</b></p> <p>Hazmasters Inc.<br/>651 Harwood Avenue North, Unit 4<br/>Ajax, ON L1Z 0K4<br/>Canada</p> </td> <td style="vertical-align: top; padding-left: 20px;"> <p>Phone: (905) 231-0011<br/>Fax: (905) 427-3028</p> <p>Accepted payment methods: EFT, cheque or money order</p> </td> </tr> </table>  | <p><b>Please note that our remittance address is:</b></p> <p>Hazmasters Inc.<br/>651 Harwood Avenue North, Unit 4<br/>Ajax, ON L1Z 0K4<br/>Canada</p> | <p>Phone: (905) 231-0011<br/>Fax: (905) 427-3028</p> <p>Accepted payment methods: EFT, cheque or money order</p> |
| <p><b>Please note that our remittance address is:</b></p> <p>Hazmasters Inc.<br/>651 Harwood Avenue North, Unit 4<br/>Ajax, ON L1Z 0K4<br/>Canada</p>  | <p>Phone: (905) 231-0011<br/>Fax: (905) 427-3028</p> <p>Accepted payment methods: EFT, cheque or money order</p>                                      |  |

| AUTHORIZED SIGNATURE           |               |
|--------------------------------|---------------|
| <b>Name:</b><br>(please print) | <b>Title:</b> |
| <b>Phone:</b>                  | <b>Email:</b> |
| <b>Signature:</b>              | <b>Date:</b>  |

| SECTION E   |                   |                        |                    |                   |                |                    |
|---|-------------------|------------------------|--------------------|-------------------|----------------|--------------------|
| FOR INTERNAL USE ONLY   |                   |                        |                    |                   |                |                    |
| <b>Order Status:</b>  | Pending: Y N      | Rush Order: Y N        | Approx. \$ Amount: |                   |                |                    |
| <b>O/S REP: (Name)</b>  | <b>ID#</b>        | <b>I/S REP: (Name)</b> |                    |                   |                |                    |
| <b>Business Class (choose one below):</b>   |                   |                        |                    |                   |                |                    |
| CA (Abatement)  | CC (Construction) | CR (Restoration)       | CS (Spill)         | CE (Electrical)   | RC (Roofing)   | SC (Sfty Consult.) |
| GV (Gov't)  | ES (Emg. Service) | IN (In/Mfg/Whs)        | HC (Health/Hosp)   | RT (Road/Traffic) | OG (Oil & Gas) | RG (Regulatory)    |
| MI (Mining)   | BI (Bldg Inspect) | TR (Transport)         | SB (Sub-Distrib.)  | PH (Pharm.)       | OT (Other)     |                    |
| <b>Reviewed by (Regional Manager, Branch Manager, Branch Sales Manager or Branch Operations Manager):</b> |                   |                        |                    |                   |                |                    |
| Date:   | Name:             | Signature:             |                    |                   |                |                    |

**Please send completed credit application to [connect@hazmasters.com](mailto:connect@hazmasters.com) or directly to your local branch.**

January 1, 2020

Dear Valued Customer,

As a Customer who is either based in British Columbia or intends to have Hazmasters' products shipped to an address in British Columbia, you may qualify for certain BC PST exemptions depending on the goods or services you purchase.

You may be exempt from paying PST on work-related safety equipment and protective clothing designed to be worn by, or attached to, a worker if the equipment or clothing is required under:

- WorkSafeBC's Occupational Health and Safety Regulation, or
- the Health, Safety and Reclamation Code for Mines in British Columbia

when the equipment or clothing is purchased or leased by:

- an employer for use by their employees in the course of employment,
- a self-employed person for their own use in the course of self-employment, or
- an educational institution for use of students in educational programs provided by that institution.

**If you would like to take advantage of this exemption, you are required to provide Hazmasters with your BC PST number, or if you are not registered, a *Certificate of Exemption – General (FIN 490)*.**

You may already be aware of safety equipment items and protective clothing that are tax exempt (i.e., without a PST number or FIN 490 Certificate), however this additional exemption will cover items such as: chemical or flame resistant clothing, chemical or flame resistant shoes or boots, fall protection equipment, high visibility clothing, kevlar sleeves.

It would help a great deal with setting up your customer account with Hazmasters if you would please let us know whether you intend to purchase any of the listed items in the near or distant future, so that we can set you up in our system for this exemption.

Thank you for your cooperation,

Hazmasters