

TO: BREWERS RETAIL INC.
 12258 COLERAINE DRIVE,
 BOLTON, ONTARIO L7E 3A9
 ATTN: Accounts Receivable Department
 TEL: 1-866-460-2337 FAX: 1-866-393-2262
 arteam@thebeerstore.ca

For verification, please attach a blank cheque marked "VOID" to this completed Authorization.

(the "Payee", referred to herein as the "Company") Re: Direct Debiting of an Account via the Business Pre-Authorized Debit Plan Authorization Granted Herein

Account Holder (the "Payor", referred to herein as the "Customer"):

Full Legal Name	Exact Name in which Account is Held	
Name of Authorized Signing Officer	Signature of Authorized Signing Officer	
Name of Authorized Signing Officer	Signature of Authorized Signing Officer	
Licensee Number		
Address	Telephone Number	
City	Province	Postal Code

Payor's Financial Institution (referred to herein as the "Bank"):

Name of Bank	Address	
City	Province	Postal Code
Branch	Branch Address (if different from above)	
Bank Account No.	Branch No.	Institution No.
Variable Amount	Sporadic Frequency	Starting Date

The Customer agrees to participate in a pre-authorized debit ("PAD") plan with the Company and authorizes the Company, any successor or assign of the Company, and the Company's financial institution to draw, in electronic, paper or other form, for the purpose of making payment for goods or services related to the Customer's commercial activities, on the above indicated account at the above indicated Bank. The Customer authorizes the Bank to honour and pay such PADs. The Customer acknowledges that this PAD agreement (the "PAD Agreement", referred to herein as the "Authorization") is provided for the benefit of the Company, its financial institution and the Bank, and is provided in consideration of the Bank agreeing to process debits against the Customer's account in accordance with the rules of the Canadian Payments Association. The Customer agrees that any direction he, she or it may provide to draw a PAD, and any PAD drawn in accordance with this Authorization, shall be binding on the Customer as if signed by or drawn by the Customer, and, in the case of paper PADs, as if they were cheques signed by the Customer.

1. Purpose of Debits

The Customer hereby authorizes the Company and the Company's financial institution to draw on the Customer's above indicated account with the Bank, for the following purpose: a business PAD (as such term is defined in Rule H1 – *Pre-Authorized Debits* (PADs) of the Canadian Payment Association) arrangement in respect of the distribution and purchase of beer products.

2. Pre-Notification of Amounts

Variable Amounts: In the case of each and every variable amount PAD billed on a sporadic basis, the Company will provide written notice to the Customer, on the date of delivery by the Company to the Customer of the relevant beer products shipment of the amount to be debited and the date of the PAD, and each and every notice shall be given at least seven (7) calendar days before the date of each and every PAD (see paragraph 4 below for further details on the pre-notification procedure).

3. Rights of Dispute

The Customer may dispute a Pre-Authorized Debit under the following conditions:

- (i) the PAD was not drawn in accordance with this Authorization;
- (ii) this Authorization was revoked or cancelled; or
- (iii) pre-notification (as set out in paragraphs 2 and 4 of this Authorization) was not received and such pre-notification was required under the terms of this Authorization.

In order to be reimbursed, the Customer acknowledges that he, she, or it must complete a declaration to the effect that either (i), (ii) or (iii) above took place and present it to the above indicated branch of the Bank up to and including, but not later than, ten (10) business days after the date on which the PAD in dispute was posted to the Customer's account.

The Customer acknowledges that any dispute regarding a PAD which arises after the above noted time limitation of ten (10) business days has expired is a matter to be resolved solely between the Company and the Customer. The customer has certain recourse rights if any debit does not comply with this agreement. For example, the customer has the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca

4. Terms of Authorization to Debit the Above Account

The Customer authorizes the Company to debit or cause to be debited from the above account: a variable amount, which will be debited with sporadic frequency determined by the Company in its sole discretion; provided that each such PAD is for payment due and owing by the Customer to the Company in respect of the distribution and purchase of beer products and the aggregate amount of each such PAD does not exceed \$_____.

If the above variable amount will be debited with sporadic frequency, the Customer agrees that:

- (i) The Company shall obtain valid authorization for the Bank to debit the Customer's account in the form of a signature on the Company's Form 103-T (the "Invoice" a sample of which is attached hereto as Schedule A) from the Customer for each and every such PAD prior to such PAD being exchanged and cleared; and
- (ii) For each and every sporadic billing of a variable amount or amounts, the Customer agrees that his, her or its receipt of and counter-signature on each such Invoice or Invoices on the date of delivery by the Company to the Customer of the relevant beer products shipment (to be effected by any Customer representative who is required and authorized by the Customer to sign therefore and to instruct the Bank to process PADs against the Customer's above account on the Customer's behalf) shall constitute the Customer's official receipt and acceptance as of the date of delivery: (a) of the Company's formal written notice of the specific amount(s) to be debited in accordance with that particular Invoice or Invoices and (b) that the date on which the above account will be debited for the amount of that particular Invoice or Invoices shall be at least seven (7) calendar days from the Customer's official receipt of and counter-signature on said Invoice or Invoices.

The Customer agrees that the Bank is not required to verify that any PAD has been drawn in accordance with this Authorization, including the amount, frequency and fulfillment of any purpose of any PAD.

The Customer acknowledges that in order to revoke or cancel this Authorization, the Customer must provide notice of revocation or cancellation to the Company. This Authorization may be revoked or cancelled at any time upon notice being provided by the Customer, in writing with proper authorization to verify the identity of the Customer, within ten (10) business days before the due date of the next



12258 Coleraine Drive, Bolton, ON L7E 3A9
 Phone: 1-866-460-2337
 Fax: 1-866-393-2262

For Credit Department Use Only
Date Approved _____
Credit Approved By _____
Credit Limit \$ _____

APPLICATION FOR CREDIT

AMOUNT OF CREDIT REQUESTED: \$ _____ (Average order per week)

COMPANY INFORMATION

CID # _____ License # _____

Legal Company Name _____
(in full)

Operational/ Trade Name _____

Affiliated Companies _____
(Past & Present)

Mailing Address _____
(Street Number, City/Town, Province, Postal/Zip Code)

Telephone Number _____ Fax Number _____

Shipping Address _____
(Street Number, City/Town, Province, Postal/Zip Code)

E-mail Address _____ Web Site Address _____

Date Business Commenced _____ Date Business Incorporated _____
(MM/DD/YY) (MM/DD/YY)

No. Of Employees _____ No of Years in Service _____

Corporation Partnership Proprietorship

✓✓✓ PLEASE CHECK ONE ✓✓✓

OWNERS / PARTNERS / OFFICERS

<u>NAME & POSITION</u>	<u>HOME ADDRESS</u>
1.) _____ <i>(Name in full and Position)</i>	_____
TEL. # _____ CELL # _____	S.I.N. # _____
2.) _____ <i>(Name in full and Position)</i>	_____
TEL. # _____ CELL # _____	S.I.N. # _____
3.) _____ <i>(Name in full and Position)</i>	_____
TEL. # _____ CELL # _____	S.I.N. # _____

BANKING INFORMATION

BANK NAME

BANK ADDRESS

- 1.) _____
TEL. # _____ ACCT. # _____ CONTACT _____
- 2.) _____
TEL. # _____ ACCT. # _____ CONTACT _____

TRADE REFERENCES

NAME

ADDRESS

TELEPHONE AND FAX. #

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

Whereas _____ (hereinafter referred to as the "Applicant") has requested an credit account from Brewers Retail Inc. (hereinafter referred to as the "Seller") for the purpose of purchasing goods on credit, the following terms and conditions shall apply:

1. To pay all Brewers Retail Inc. Invoices in accordance with the payment terms.
2. **Credit Investigations:** The Applicant and undersigned shall provide to the Seller, on an ongoing basis, such financial information as may be requested and consents to the verification of all information contained in this Application or further documentation which may subsequently be provided in the future, and such personal credit information as may be deemed necessary. All bank and other credit references indicated, are authorized to provide whatsoever information as may be requested by Brewers Retail Inc.
3. Customer to pay all expenses and fees for collection or enforcement hereof, including attorney's fees of not less than 30% of customer's account debt, if account is placed with a third party collection agency.
4. If credit is granted by Brewers Retail Inc., all decisions with respect to the extension or continuation shall be in the sole discretion of Brewers Retail Inc. Brewers Retail Inc. may terminate any credit availability within its sole discretion.

Signed at _____ this _____ day of _____, 20__

(Witness Signature)

(Applicant Signature)

(Witness Name – please print)

(Applicant Name – please print)

Per: Company Name – please print)

Per: Company Name – please print)