

## CREDIT CONDITIONS

The conditions governing credit privileges provided by the Minister are:

"Minister" means the Minister of Agriculture and Agri-Food or anyone authorized to act on the Minister's behalf. "Client" means an applicant whose application for credit has been accepted.

1. The client shall pay Her Majesty for the amount of all goods or services received subject to terms of payment in effect on the date of the provision of the goods and services and as stated on an invoice or other written document specifically applicable to such provision which shall be provided by the Minister. Discounts will not be granted for prompt payment. Clients will be charged interest on any overdue amounts in accordance with agreements or as permitted by legislation/regulation.
2. An administrative fee will be applied to any account whose cheque or other payment instrument is not honoured by the financial institution on which it is drawn, for reasons of Non Sufficient Funds ("NSF") or otherwise.
3. Based on the results of the credit assessment and when contractual agreement permits, a security deposit may be requested from the client by the Minister whenever the client's future ability to discharge a debt in accordance with the payment terms is uncertain; and the client has a history of late payment accounts.
4. Credit privileges shall be withdrawn if it is discovered that the client has made a material false declaration or is otherwise in breach of imposed terms and conditions; or, the client's credit limit has been reached and a reassessment of the account does not support increasing the credit limit; the account remains unpaid 10 days after the Minister forwards a Final Notice to the client; and the Credit Manager obtains evidence that the client's financial viability is doubtful and there is no reasonable expectation of receiving payment for services requested. When credit privileges are withdrawn, the client shall pay in advance for any required goods and services.
5. If as a result of false information, a client obtained credit which would not have otherwise been given, full payment by the client shall be made immediately, regardless of any decisions regarding possible prosecution of the client.
6. Upon receipt of an official request from the Minister, the client shall provide a copy of the company's financial statements to the Minister.
7. Disputed charges or missing invoices must be reported to our office within 60 days of the date reflected on your monthly statement of account on which the invoice appears. Otherwise, our records will be considered accurate.
8. Credit balances are subject to application against the oldest outstanding charges, if not specified by the client within 60 days after notification.
9. The client shall notify the Minister of any change of address or ownership within five days from the date of those changes.
10. Completion of an application is mandatory in order to obtain credit. The information provided will be used to determine the applicant's credit worthiness. Personal information will be stored in Personal Information Bank No. CFIA/PPU-340, and will be protected under the provisions of the *Privacy Act*. Other information may be accessible under the provisions of the *Access to Information Act*.
11. Any information that is provided in this application, or in contacts with departmental officials relating to the granting of credit under this application, may be used by the Government of Canada or its agents, consistent with accepted commercial practices, and pertinent federal and provincial statutes and policy directives, to collect accounts. The collection of overdue amounts may involve the use of Private Collection Agencies and the provision to them of information provided by the client.



### APPLICATION FOR CREDIT

Sole Owner     
  Partnership     
  Association     
  Corporation

#### Section 1 Applicant Information (required)

Legal Name		Address	
City		Province	Postal Code
Telephone No.	Facsimile No.	Email	
Contact - Accounts Payable:			
Incorporation:		<input type="radio"/> Federal <input type="radio"/> Provincial	Province _____ Registration No. _____
Business No. (Gov't of Canada)	Type of Business	In Business Since	Yearly Sales (\$)
Monthly Credit Required (\$)	Dealing in what province(s)?		Previous/Other Account No.

#### Section 2 Corporation Officers or Principal Owners (required)

Position Title		Name	
Home Street Address		Telephone Number	
City	Province	Postal Code	

#### Section 3 Bank Information (required)

Name	Branch		Dealing with Since
Manager	Telephone Number	Facsimile Number	

#### Section 4 Main Suppliers (please list at least three) (required)

Name		Accounts Receivable Contact	
Street	Province	Telephone	Facsimile
City	Postal Code	Dealing with Since	Annual Purchases
Name		Accounts Receivable Contact	
Street	Province	Telephone	Facsimile
City	Postal Code	Dealing with Since	Annual Purchases
Name		Accounts Receivable Contact	
Street	Province	Telephone	Facsimile
City	Postal Code	Dealing with Since	Annual Purchases

**Section 5 CFIA Programs (required)**

What CFIA programs will you require? Please check all that apply.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Animal Health and Production | <input type="checkbox"/> Fair Labelling Practices Program     | <input type="checkbox"/> Fresh Fruit and Vegetable Program   |
| <input type="checkbox"/> Food Safety Investigation    | <input type="checkbox"/> Feed Inspection Program              | <input type="checkbox"/> Honey Inspection Program            |
| <input type="checkbox"/> Dairy Inspection Program     | <input type="checkbox"/> Fertilizer Program                   | <input type="checkbox"/> Meat Hygiene Program                |
| <input type="checkbox"/> Egg Inspection Program       | <input type="checkbox"/> Fish, Seafood and Production Program | <input type="checkbox"/> Plant Health and Production Program |
| <input type="checkbox"/> Processed Products Program   | <input type="checkbox"/> Seed Program                         |  |

**Section 6 Certification (Authorized Officer) (required)**

I certify that the above information is correct and hereby apply for credit privileges from Her Majesty the Queen in right of Canada as represented by the Minister of Agriculture and Agri-Food, hereinafter referred to as "Her Majesty". I have read the credit conditions at the beginning of this application and, if credit is granted to the applicant, the applicant agrees to abide by those conditions. I, the undersigned, authorize the Minister to make credit inquiries at any time in connection with the credit hereby applied for.

_____	_____	_____
Position Title	Signature	Date

**Section 7 For Department Use Only**

- Grant Credit     Deny Credit

_____	_____
Amount (\$)	Account Number

_____	_____
Approved by	Date

_____	_____
Recommended by	Date

**Please return completed application to:**

Canadian Food Inspection Agency National Centre for Accounts Receivable P.O. Box 6199 1081 Main St, 4th floor Moncton NB, E1C 8R2	Email: ARCentre@inspection.gc.ca Telephone: 1-888-677-2342 Facsimile: 1-506-777-3777
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