



CANADIAN MILL SERVICES ASSOCIATION

#200, 601-6th Street, New Westminster, BC, Canada V3L 3C1
Telephone (604) 523-1288 Fax (604) 523-1289

CONTRACT for CDGHCP Registration
<Canadian Debarking and Grub Hole Control Program>

This agreement is between *Canadian Mill Services Association* and

(Company Name)

The purpose of this agreement is to ensure that participants recommended by the Canadian Mill Services Association to Canadian Food Inspection Agency for certification have the capability to meet the plant health requirements of the EC (European Community), and are complying with the requirements specified in the **Canadian Debarking and Grub Hole Control Program (CDGHCP-D07-02)**.

We, _____, HEREBY AGREE
(Company Name)

- 1) To permit **Canadian Mill Services Association** staff to sample and inspect lumber shipments, equipment control records, and inventory control programs to ascertain that plant health requirements are being maintained.
 - 2) That should non-compliance with the importing country's plant health regulations be identified at the plant or in transit by an inspector of the **Canadian Mill Services Association**, we will take immediate remedial action to assure compliance prior to stock leaving the company's premises or loading terminal.
 - 3) To supply, when required, the appropriate certificates* for which we are registered and as required by the European Community with an authorized signature, using the context and format supplied by **Canadian Mill Services Association**.
- * ("Certificate of De-Barking and Grub Hole Control" for permitted species.)
- 4) To pay agreed fees within thirty (30) days of receipt of invoice.
 - 5) To indemnify and hold **Canadian Mill Services Association** and its members and employees harmless from any and all claims, demands, liabilities, and judgments including all costs, expenses and attorney fees which directly or indirectly may arise out of, or may be predicated upon, the company's issuance of such certificates as mentioned in 3) above, including the costs of any reinspection or corrective measures made necessary by shipments found not in compliance with the applicable certification requirements.

For Canadian Mill Services Association

For Applicable Company

Signature: _____
Print: _____
Title: _____
Date: _____

Signature: _____
Print: _____
Title: _____
Date: _____

Credit Application

Company Name Doing Business As (DBA)			
Address			
	Tel:	Fax:	E-mail:
Business Principals (Owners/Decision Makers)	1. _____ Phone: _____ 2. _____ Phone: _____ 3. _____ Phone: _____		
Other Locations or Parent Company Name	Tel:	Fax:	E-mail
Date When Business Started	Month _____ Year _____		
Bank Name Bank Address Bank Account Manager:			
	Tel:	Fax:	E-mail
Primary Supplier #1	Name Address		
	Tel:	Fax:	E-mail
Primary Supplier #2	Name Address		
	Tel:	Fax:	E-mail
Accountant/Bookkeeper	Address:		
	Tel:	Fax:	E-mail
Personal Guarantee: By signing this application you agree that if the business customer is a corporation or limited company, you the signer are personally bound by terms and conditions as set out in CMSA's contract. You agree to be bound personally by the terms of repayment of the business customers obligations to CMSA if the application is approved.			
Signed:	Name, Title: _____ Date: _____		