



**CREDIT APPLICATION**

<b>CUSTOMER INFORMATION</b>			
Company name _____	Billing _____		
Address (head office) _____	Address _____		
Suite _____	Suite _____		
City _____	City : _____		
Province _____	Postal Code _____	Province _____	Postal Code _____
Telephone ( ) _____ - _____	Telephone ( ) _____ - _____		
Fax ( ) _____ - _____	Fax ( ) _____ - _____		
<b>NAME OF OWNERS</b>			
	<b>Name</b>	<b>Title</b>	<b>Telephone</b>
1.	_____	_____	( ) _____ - _____
2.	_____	_____	( ) _____ - _____
3.	_____	_____	( ) _____ - _____
In business since	Mth / Year _____ / _____	Credit required _____ \$	Type of business _____
<b>CONTACTS – NAME &amp; EMAIL</b>			
Maintenance : _____			
Hubodometer reading : _____			
Account receivable : _____			
<b>BANKING INFORMATION</b>			
Bank _____	Address _____	Telephone ( ) _____ - _____	
Contact _____	Account No. _____	Fax ( ) _____ - _____	
P.S.T. No: _____	G.S.T. No: _____		
<b>INSURANCE INFORMATION</b>			
Broker : _____	Telephone : _____		
Contact : _____			
<b>SUPPLIER REFERENCES</b>			
	<b>Name</b>	<b>Address</b>	<b>Telephone</b>
1.	_____	_____	( ) _____ - _____
2.	_____	_____	( ) _____ - _____
3.	_____	_____	( ) _____ - _____

I authorize the holder to inquire on my credit and obtain all necessary information.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print

<p><i>RESERVED FOR ADMINISTRATION</i></p> <p>REMARKS: _____</p> <p>_____</p>
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