



APPLICATION FOR CREDIT

CREDIT LIMIT REQUESTED: _____

DATE OF APPLICATION: _____

COMPANY NAME: _____

ADDRESS: _____

BUSINESS PHONE #: _____

HST # _____

HOW LONG HAVE YOU BEEN IN BUSINESS : _____ YEAR(S) NATURE OF YOUR BUSINESS: _____

PRINCIPALS OF COMPANY: _____

DO YOU REQUIRE PURCHASE ORDERS ? YES _____ NO _____

DO YOU REQUIRE A COPY OF MONTHLY A/R STATEMENTS ? YES _____ NO _____

ACCOUNTS PAYABLE EMAIL ADDRESS: _____

BANK NAME AND BRANCH: _____

BANK ADDRESS: _____

CONTACT PERSON: _____

ACCOUNT NUMBER: _____

CREDIT REFERENCES: (INCLUDE NAME, ADDRESS, PHONE AND EMAIL ADDRESS)

- | | | |
|----------------------------|----------------------------|----------------------------|
| 1. _____

_____ | 2. _____

_____ | 3. _____

_____ |
|----------------------------|----------------------------|----------------------------|

CUSTOMER SIGNATURE TITLE DATE

APPROVAL CREDIT LIMIT DATE

LEVEL AUTHORIZATION SALESMAN

OUR CREDIT TERMS ARE NET 30 DAYS.

PLEASE RETURN FORM TO ar@sudburytruck.ca

SUDBURY TRUCK & TRAILER CENTRE INC. 510 WHISELL AVENUE, SUDBURY, ON P3B2Z3

TRACTION SUDBURY 55 MAGILL STREET, LIVELY, ON P3Y1K6