



CREDIT APPLICATION

PLEASE PRINT

Full Company Name

Legal Name

Trade Style (If different than above)

Street or Postal Address

Address

City/Town

Province

Postal Code

Previous Address (If Applicable)

Street or Postal Address

City/Town

Province

Facilities Owned

Leased

If leased, from whom

Name

Address

Equipment Owned

Leased

If leased, from whom

Identity

Corporation

Co-operative

Partnership

Proprietorship

Nature of Business

Date Business Established

Mo.

Day

Year

Business Phone

Name

Residence Address

Phone

If a Proprietorship or Partnership, full name of all Principals

Name

Title

Names of States and Provincial Officers

MC Number

DOT Number

Credit Requirements \$

Bank

Branch

Account Manager

Address

Phone

Line of Credit

Security

Is Certified Chartered or Public Accountant employed to audit books?

Yes

No

Most recent Financial Statements (Balance Sheets, P & L, etc.)

Attached:

Will mail directly:

Not Available

Principal Suppliers, Trade References, etc.

Address:

Phone:

THE UNDERSIGNED CERTIFIES THE ABOVE INFORMATION TO BE TRUE AND AFFIRMS THAT ANY CREDIT GIVEN TO ME IS EXTENDED UPON THE BASIS OF SUCH INFORMATION.

The undersigned consents to the obtaining of credit and/or personal information as may be required at any time in connection with the credit hereby applied for or any renewal or extension thereof and to the disclosure of any credit information concerning the undersigned to any credit reporting agency or to any person with whom the undersigned has or proposes to have financial relations.

THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT I HAVE BEEN INFORMED OF YOUR PREVAILING TERMS FOR REPAYMENT AND AGREE TO PAY A SERVICE CHARGE OF 2% PER MONTH (24% PER ANNUM) ON ANY OVERDUE BALANCE UNTIL PAID.

Date

Signature