



A Division of The Truck Outfitters Inc.

6537 Gateway Boulevard, Edmonton, AB T6H 2J1

Phone: (780) 439-1440 Toll Free: 1-888-254-2666 Fax: (780) 439-2206

DATE: _____

APPLICATION FOR CREDIT

(PLEASE PRINT)

LEGAL COMPANY NAME _____ YRS IN BUSINESS _____

O/A OR DBA _____

ADDRESS: _____ POSTAL CODE _____

_____ PHONE () _____

TYPE OF BUSINESS _____ FAX # () _____

PRINCIPAL OWNER(S) (If Applicable) _____

NAME _____ HOME PHONE () _____

ADDRESS _____ POSTAL CODE _____

NAME _____ HOME PHONE () _____

ADDRESS _____ FAX # _____

MONTHLY CREDIT REQUIRED
(BASED ON AVERAGE MONTHLY PURCHASES) _____

PURCHASE ORDERS REQUIRED (YES) _____ (NO) _____

IF NO, WHO IS AUTHORIZED TO CHARGE ON THIS ACCOUNT? (FIRST & LAST NAME REQ'D)

P.S.T. # (IF APPLICABLE) _____

AUTHORIZED PERSONNEL:

1. FOR OBTAINING PARTS AND SERVICE _____

2. FOR PAYMENT OF ACCOUNTS _____

NAME OF BANK _____ ADDRESS _____

BANK MANAGER'S NAME _____ PHONE NO () _____

MAIN SUPPLIER'S NAME	ADDRESS	CONTACT	PHONE #	FAX # (Area Code)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

I agree that credit is offered on a **30 day** basis. Overdue accounts will automatically be placed on hold. I hereby authorize your company to obtain any credit information required for this application.

SIGNATURE _____ DATE _____ 20____