



P.O. Box 25501
 London, ON N6C 6B2
 Ph: 519-685-1173
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www.techtrailers.net

APPLICATION FOR CREDIT

Business Name: _____

Contact Person: _____

Billing Address:

Street: _____

City: _____

Province/State: _____

Postal/Zip Code: _____

Shipping Address: - same as above

Street: _____

City: _____

Province/State: _____

Postal/Zip Code: _____

Phone : _____

Fax: _____

e-mail: _____

Website: _____

Business Number: _____

Years in Business: _____

of Trucks: _____

of Trailers: _____

of Liftgates: _____

Type of Business:

Corporation

Partnership

Proprietorship

Method of payment:

Credit Card

COMCheck

Terms - 30 days (upon approval)

Purchase Orders Number Required? YES / NO

List Authorized Person(s) to represent your company in business relations with Tech Trailers

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

Only the above listed Authorized Person(s) will be able to charge to the account or obtain information regarding the account, including but not limited to obtaining account balances or discussing charges made to the account.

