



P.O. Box 25501
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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.

BANK REFERENCES: - as attached

Bank Name & Branch: _____
 Account # _____ Contact: _____
 Street Address: _____ State/Prov: _____
 Zip/Postal Code: _____ Phone: _____ Fax: _____

Bank Name & Branch: _____
 Account # _____ Contact: _____
 Street Address: _____ State/Prov: _____
 Zip/Postal Code: _____ Phone: _____ Fax: _____

TRADE REFERENCES: - as attached _____

Business Name: _____
 Account # _____ Contact: _____
 Street Address: _____ State/Prov: _____
 Zip/Postal Code: _____ Phone: _____ Fax: _____

Business Name: _____
 Account # _____ Contact: _____
 Street Address: _____ State/Prov: _____
 Zip/Postal Code: _____ Phone: _____ Fax: _____

Business Name: _____
 Account # _____ Contact: _____
 Street Address: _____ State/Prov: _____
 Zip/Postal Code: _____ Phone: _____ Fax: _____

By signing below I confirm that the above information is correct and that I have the authority to legally bind the company and to enter into an agreement wherein the company agrees to pay expenses as incurred for services rendered by Tech Trailers at the request of the Authorized Person(s) listed on pg 1. I also understand that Tech Trailers will confirm all information listed on this application, and may now, or at a future date perform a credit check. I authorize the above listed parties to release information to Tech Trailers for the purpose of confirming the information given and establishing a charge account and for no other reason. Information listed on this application will not be used for any other reason and will not be shared with any other organization for any reason according to the *Personal Information Protection and Electronic Documents Act*.

 Authorized Signature Print Name & Title: Date:

OFFICE USE ONLY
 Reviewed by: _____ Date Received: _____ Date Approved: _____
 Approved: Y / N Credit Limit: \$ _____ Account #: _____