



APPLICATION FOR CREDIT

Applicant's Business Name
(Full legal name if Corporation): _____

Address: _____

City: _____ **Prov.** _____ **PC:** _____

Telephone: _____ **Fax:** _____

E-Mail _____ **Accounts Payable E-Mail:** _____

Principal: _____ **Title:** _____

Principal: _____ **Title:** _____

I / We _____ **and** _____
(Principal) (Principal)

of _____ **Apply to you for credit for the supply of services and Materials in accordance with the application for credit concurrently made.**

Credit Agreement and Terms:

I/We agree to jointly and severally indemnify you as principal debtors, and see you paid for your account with respect to any order now or hereafter made by any of us. I/We further agree to pay your account within your terms of net 20th of the month following purchase, and agree to pay service charges on overdue accounts at the rate of 2% per month (26.77 % per annum). I/We understand and consent to you obtaining a consumer report containing personal and/or credit information in connection with this transaction. I/We understand that you may collect, use, and disclose private information with regards to my credit standing to third parties, including but not limited to financial institutions, credit bureaus, and companies requesting credit information. I/We understand that my signature below authorizes Visa Truck Rentals (1991) Ltd. To charge any invoices to my credit card if payment is not made within the agreed credit period. I will be notified before my order is charged to my credit card. I/We agree that you have the right to deny granting credit at any time, and that the information in this application is true and correct.

Date: _____ **Applicant:** _____
(Must be signed)

Principal: _____ **Principal:** _____

For Credit Department Use Only:

Date: _____ **Credit Approved:** _____

Comments: _____



Amount of credit requested: \$ _____ How long in business: _____ years.

Purchase orders required: Yes No:

Property Owned: Yes: No: Leased: Yes: No:

Bank: _____ Transit: _____

Account Manager: _____

Major Credit Card(s):

Visa: _____ Expiry: _____

Mastercard: _____ Expiry: _____

Date of Birth: _____ S.I.N. #: _____

Nature of Business: _____

Have you had any accounts with Northern Metallic Stores: YES: NO:

If yes, what location: _____

What account name / number: _____ / _____

PERSONAL REFERENCES:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

CREDIT REFERENCES: (please include fax number):

Supplier:	Address:	Phone #:	Fax #:
/	/	/	/
/	/	/	/
/	/	/	/
/	/	/	/