## **Credit Application**





Email to: accounting@fleetbrake.com

Company Legal Name:	Website:	
Company Trade Name:	Email:	
Mailing Address:	City Province	Postal Code
Shipping Address:		
Phone #:		
	siness Started (under current ownership):	
Type of Business: Limited Company Partnership	Proprietorship	
Accts. Payable Contact:	Accts. Payable Email:	
Monthly Statements to be forwarded via: Email Mail Ir		h Receipt of Goods
Maximum Credit Required Monthly \$ Po	urchase Order # Required? Yes No	•
Min credit limit required \$3000		
GST/HST/QST #:	Cab Card / PST Exemption #	
PRINCIPAL(S)	Home Address	Phone #
1.		
2.		
3		
TRADE REFERENCES (Main Suppliers)  1.	E-mail Address	Phone #
2.		
3.		
BANK Account #	Address	Phone #
1		
2		
Operating Line of Credit? Yes No **	*Please include Copy of VOID Cheque***	
I/We hereby apply to Fleet Brake for a credit account. I/We certify that the for the purpose of obtaining goods on credit, account review/adjusting consent to Fleet Brake its agents, and employees, at any time to conduinformation to any reporting agency or party with whom I/We have finance by credit card, will not be accepted. Past due accounts are assessed and That the supply of goods/services may be discontinued if the authorized hereby agree to abide by these terms and conditions and any set out by	credit limits, and for collection purposes. I/We here to a personal or business credit investigation and o ial relations. Terms on all accounts are Net 30 Days. overdue fee of 1.5% per month (18% per annum) on a ed credit limit is reached, or the account is past du	by authorize and give disclose of any credit Payment on account, all amounts in arrears.
SIGNING OFFICER NAME & TITLE	SIGNING OFFICER SIGNATURE	
DATE		
GUARANTEE		
I hereby guarantee, jointly and severally, payment of all amounts owed Fleet Brake, renouncing to the benefit of Division and/or Discussion.	by	to
OWNER/DIRECTOR SIGNATURE	PRINT NAME & TITLE	
DATE		