



1633 Ontario Avenue, Saskatoon, SK S7K 1S7
OFFICE: (306) 665-2185 FAX: (306) 653-4332

PARTS: (306) 665-7061 or 1-800-667-3964
FAX: (306) 653-6770 or 1-800-661-4332

APPLICATION FOR CREDIT

Operating Name: _____ Bus phone: _____
Registered Name: _____ Fax phone: _____
Street address: _____ City _____ Postal Code _____
Mailing address (if different from above) _____
E-Mail for Statements: _____ **E-Mail for Invoices:** _____

Business information:

Date business commenced: _____ Date of credit application: _____
Type of business: (check) Limited company Partnership Proprietorship Other
Nature of business activity: _____

Full names and address of Principles, Partners, or Proprietors of business:

1). _____ Phone # _____ Position _____
2). _____ Phone # _____ Position _____

E & H tax license number: _____ **GST license number:** _____

Reference information:

Name and address of three major current Suppliers:

1). _____ Phone # _____
2). _____ Phone # _____
3). _____ Phone # _____

Name and address of Banks:

1). _____ Phone # _____
2). _____ Phone # _____

Amount of credit requested: \$ _____

I understand and agree with the terms of payment: Net 30 days from date of invoice, with a service charge of 1.5% per month on overdue accounts. I also understand the application must be completed fully and accurately or the application will be rejected and any further applications will be denied.

Authorized signature: _____ Title: _____

For office use only:

Application issued by: _____

Credit Limit: _____ Tax Code: _____ Disc. Matrix _____ Salesman: _____

Account Number: _____ Approved by: _____ Date: _____