

OWNER OPERATOR CREDIT APPLICATION

SHAKESPEARE TRUCK CENTER

DIV. OF GUMMERSON'S GARAGE LTD

2322 LINE 34, BOX 250, SHAKESPEARE, ONTARIO N0B 2P0

TEL: (519) 625-8510 FAX: (519) 625-8871

Email: pklaver@shakespearetruck.ca

Thank you for requesting an account. We sincerely hope this will be the beginning of a good and lasting relationship. Approved accounts are considered current when payment in full is received prior to end of the month following the invoice date.

Applicant's Business Name: \_\_\_\_\_

Personal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell : \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_ # of Trucks: \_\_\_\_\_ # of Trailers: \_\_\_\_\_

Do you Require Mostly: Day Service? \_\_\_\_\_ Night Service? \_\_\_\_\_ Both? \_\_\_\_\_

How long in Present Business: \_\_\_\_\_

Name of Primary Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank & Location : \_\_\_\_\_ Branch#: \_\_\_\_\_

Contact Person & Phone#: \_\_\_\_\_ Account#: \_\_\_\_\_

Trade References: (DO NOT include credit card, fuel or tire company references)

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Credit Limit Requested: \$ \_\_\_\_\_ Preference for receiving invoices/statements: \_\_\_ Mail \_\_\_ Email

Our Terms are as follows:

- Payment due prior to end of the month following invoice date
• Accounts over 31 days are placed on a Credit Hold
• Accounts over 61 days are closed and must be settled

\*Credit is at all times subject to a maximum, prearranged Credit Limit

\* 1% Service Charge per month on all past due accounts

I hereby accept these Terms and authorize disclosure of account information from above references.

Signature \_\_\_\_\_ Date \_\_\_\_\_