

FLEET 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: pklover@shakespearetruck.ca

Thank you for your request for credit. 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: _____

Address: _____

Phone: _____ Fax: _____

Cell: _____ Email: _____

Personal (person responsible for above business)

Name: _____

Address: _____

Phone: _____

Type of Business: _____ # of Trucks: _____ # of Trailers: _____

Do you Require Mostly: Day Service? _____ Night Service? _____ Both? _____

How long in Present Business? _____

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
• Accounts are payable by cheque, EFT, debit or cash.

*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 _____

Position _____