



AFTERMARKET TRUCK ACCESSORIES

APPLICATION FOR CREDIT (All information is Strictly confidential)

COMPANY INFORMATION

Company name _____ Bus. # () _____ Fax # () _____
Billing Address _____ Shipping Address _____

() Proprietorship () Partnership () Corporation

Number of years in business _____ If Corporation, Date Incorporated _____
Incorporated in which Province? _____
Name of Parent Co., if subsidiary _____

OWNERSHIP INFORMATION – Name(s) of Owners, Partners or Officers

Name _____ Title _____
Home Address _____
City _____ State _____ Zip code _____
Business Ph. () _____ Home Ph. () _____

Name _____ Title _____
Home Address _____
City _____ State _____ Zip code _____
Business Ph. () _____ Home Ph. () _____

If Additional Owners, Partners or Officers, Please Attach Another Page

All statements made herein are true and accurate to the best of our knowledge. We authorize Aftermarket Truck Accessories To make any and all inquiries necessary for action on this credit application.
In consideration of the extension of credit by Aftermarket Truck Accessories To us, we agree to promptly pay all bills in accordance with the terms expressed on the invoice(s). We agree that Aftermarket Truck Accessories Shall retain a purchase money security interest in all merchandise purchased by us until payment in full has been received by Aftermarket Truck Accessories. We further agree that if the merchandise ordered by us or any other designated person shall remain unpaid past the invoice due date, any balance so remaining unpaid shall bear interest at the lesser rate of 1-1/2 percent per month or the maximum rate permitted by applicable law, until paid.

Dated This _____ Day of _____, 20 _____

Signature _____ Title _____
Name in Print _____

****Must be signed by Owner, Partner or Officer listed in Ownership Section above****
All returned cheques will be assessed a \$20.00 charge and account will automatically be put on C.O.D.

Toll Free 1-877-900-6800

Fax (403) 329-0020

ORDER INFORMATION TERMS REQUESTED

NET 30 DAYS \$ _____
FROM INVOICE DATE
NO STATEMENTS WILL BE SENT

Are written Purchase Orders Required? _____
Accts. Payable Contact _____
Phone () _____
Fax () _____

BANK INFORMATION – *Required For ALL Applicants.*

Bank Name _____
Address _____
City _____
Branch _____

Account _____
Contact Person _____
Phone () _____

Bank Name _____
Address _____
City _____
Branch _____

Account _____
Contact Person _____
Phone () _____

TRADE REFERENCES

**Required if requesting net terms. A minimum of 3 vendors is needed to process this application.
List only those that you have terms with.**

1. Name _____
Address _____

Phone () _____
Account Number _____

2. Name _____
Address _____

Phone () _____
Account Number _____

3. Name _____
Address _____

Phone () _____
Account Number _____

4. Name _____
Address _____

Phone () _____
Account Number _____

COMMENTS _____

**Do the principals of your company or any of their relatives work for, or have ownership of, the
above listed trade references? YES _____ NO _____**

If YES, please explain. _____
