



Truckline Parts & Service (Sask) Ltd.
 2325 Faithfull Avenue
 Saskatoon, Saskatchewan S7K 1T9

Ph: (306) 931-3377
 Fax: (306) 931-7679

**APPLICATION / AGREEMENT
 FOR LIMITED OPEN
 ACCOUNT CREDIT**

FIRM NAME (This must be the legal firm name in full)		CREDIT LIMIT REQUESTED	
USUAL TRADE NAME (if different)		NATURE OF BUSINESS	
MAILING ADDRESS		SHIPPING ADDRESS (if different)	
Postal Code		PST Number	
Phone Fax		PST Number	
TYPE OF BUSINESS		DATE STARTED	
Sole proprietorship Partnership Limited Co.			
OWNERS /SHAREHOLDERS /PRINCIPAL OFFICERS			
Name Position		Name Position	
Address		Address	
City Phone		City Phone	
Email		Email	
ACCOUNTS PAYABLE			
Person to Contact		Phone	
Email			
PO Number Required: Yes No		PO Format:	
Send Invoices By: Email Fax Mail		Send Statements By: Email Fax Mail	
TRADE SUPPLIERS (Existing creditors. NO credit card or fuel/gas companies)			
Name		Name	
Address		Address	
Phone		Phone	
ACKNOWLEDGEMENT / AGREEMENT		OFFICE USE ONLY	
<p>I/We understand and agree that the above stated information provided is for the purpose of obtaining credit and will be verified by Truckline Parts & Service (Sask) Ltd.</p> <p>I and/or the business I represent in this application constitutes an agreement for the purchase of goods and/or services from Truckline Parts & Service (Sask) Ltd. and guarantee payment of all accounts.</p> <p>I/We further understand and agree that all accounts are due and payable within 10 days of the month following date of purchase.</p> <p>I/We further understand and agree that 2% per month (24% per annum) will be charged on all monthly balances over 30 days old.</p> <p>All information I have provided in this application and agreement are true.</p> <p>Signature: _____</p> <p>Title: _____</p> <p>Date: _____</p>		<p>Territory: _____</p> <p>Other: _____</p> <p>Line of Credit Authorized: \$ _____</p> <p>Credit Manager: _____</p> <p>Date Approved: _____</p>	