



APPLICATION FOR CREDIT

310 Marquis Drive, Saskatoon, SK. S7R 1B5
PH:(306) 242-4911 FAX: (306) 242-3171

BUSINESS NAME: _____ DATE: _____

CONTACT NAME: _____

ADDRESS: _____

CITY, PROVINCE _____ EMPLOYED BY: _____

POSTAL CODE: _____ LENGTH OF EMPLOYMENT: _____

PHONE NUMBER: _____ BANK: _____

(Residential)

BRANCH ADDRESS: _____

(Cellular)

SOCIAL INSURANCE NO.: _____

(Business)

PROVINCIAL CAB CARD NO.: _____

(Fax)

TOTAL NUMBER OF TRUCKS OWNED/LEASED: _____ G.S.T. NUMBER: _____

TOTAL NUMBER OF FREIGHTLINER TRUCKS: _____ MAJOR CREDIT CARD #: _____

(VISA or MASTERCARD)

TRADE REFERENCES: (Do not include oil or finance companies)

1) _____ (Company Name) _____ (Address) _____ (Phone)

2) _____ (Company Name) _____ (Address) _____ (Phone)

3) _____ (Company Name) _____ (Address) _____ (Phone)

AMOUNT OF CREDIT REQUIRED: _____ ARE PURCHASE ORDERS REQUIRED? yes no

I understand that payment terms are net 30 days from the date of invoice. Failure to comply with these terms will result in the account being placed on C.O.D. I hereby authorize Frontline Truck & Trailer to conduct all credit investigations necessary for the approval of this application.

Signature: X _____ Date: _____

I acknowledge that Frontline Truck & Trailer may have collected personal information in the course of their credit investigation. I consent to the receipt and exchange of such information by Frontline Truck & Trailer with any credit reporting agency, person or corporation with whom I have had financial relations.

FOR OFFICE USE ONLY:

Credit Check By: _____ Credit Amount: _____

Customer Account: _____

Credit Approved By: _____ Date: _____