



**HINO**

## APPLICATION FOR CREDIT

CREDIT LIMIT REQUESTED: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUSINESS PHONE #: \_\_\_\_\_

HST # \_\_\_\_\_

HOW LONG HAVE YOU BEEN IN BUSINESS : \_\_\_\_\_ YEAR(S) NATURE OF YOUR BUSINESS: \_\_\_\_\_

PRINCIPALS OF COMPANY: \_\_\_\_\_

DO YOU REQUIRE PURCHASE ORDERS ? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU REQUIRE A COPY OF MONTHLY A/R STATEMENTS ? YES \_\_\_\_\_ NO \_\_\_\_\_

ACCOUNTS PAYABLE EMAIL ADDRESS: \_\_\_\_\_

BANK NAME AND BRANCH: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

**CREDIT REFERENCES: (INCLUDE NAME, ADDRESS, PHONE AND EMAIL ADDRESS)**

- |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|
| 1. _____<br>_____<br>_____ | 2. _____<br>_____<br>_____ | 3. _____<br>_____<br>_____ |
|----------------------------|----------------------------|----------------------------|

\_\_\_\_\_  
CUSTOMER SIGNATURE TITLE DATE

\_\_\_\_\_  
APPROVAL CREDIT LIMIT DATE

\_\_\_\_\_  
LEVEL AUTHORIZATION SALESMAN

OUR CREDIT TERMS ARE NET 30 DAYS.

PLEASE RETURN FORM TO [ar@sudburytruck.ca](mailto:ar@sudburytruck.ca)

SUDBURY TRUCK & TRAILER CENTRE INC. 510 WHISSELL AVENUE, SUDBURY, ON P3B2Z3