ACCESSORY WAREHOUSE
A DIVISION OF THE TRUCK OUTFITTERS INC.
6537 GATEWAY BOULEVARD, EDMONTON AB T6H 2J1
PHONE: (780) 439-1440 | TOLL FREE: 1 (888) 254-2666 | FAX: (780) 439-2206

# APPLICATION FOR CREDIT

DATE: _____

LEGAL COMPANY NAME: _____ YRS ACTIVE: _____

O/A OR DBA: _____

ADDRESS: _____ POSTAL: _____

_____ PHONE: _____

TYPE OF BUSINESS: _____ FAX: _____

PRINCIPAL OWNER(S) *if applicable*: _____

NAME: _____ HOME PHONE: _____

ADDRESS: _____ POSTAL: _____

NAME: _____ HOME PHONE: _____

ADDRESS: _____ FAX: _____

MONTHLY CREDIT REQUIRED based on monthly purchases: _____

PURCHASE ORDER REQUIRED *(please circle)*: ☐ YES ☐ NO

IF NO, WHO IS AUTHORIZED TO CHARGE ON THIS ACCOUNT? *(first & last name req'd)*:

_____

P.S.T. # *if applicable*: _____

## AUTHORIZED PERSONNEL:

1. FOR OBTAINING PARTS & SERVICE: _____

2. FOR PAYMENT OF ACCOUNTS: _____

NAME OF BANK: _____ ADDRESS: _____

BANK MANAGER'S NAME: _____ PHONE: _____

| MAIN SUPPLIER'S NAME | ADDRESS | CONTACT | PHONE | FAX |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

I agree that credit is offered on a **30-day** basis. Overdue accounts will automatically be placed on hold. I hereby authorize your company to obtain any credit information for this application.

SIGNATURE: _____ DATE: _____

*REVISED: 2019/01/30*