



CANADIAN SEMI TRAILER LTD
1125 Rife RD, Cambridge, ON N1R 5S3
Phone: 1(519) 621-7499

CREDIT APPLICATION

Company Name: _____
Mailing Address: _____
Province: _____ Postal Code: _____
Physical Location: _____
Phone Number: _____ A/P Email: _____
Nature of Business: _____ Yrs. In Business _____

Owners NAME: _____
ADDRESS: _____
PHONE: _____

Bank NAME: _____
ADDRESS: _____
PHONE: _____

Insurance Requirement

Please provide your insurance certificate listing Canadian Semi Trailer LTD as additional insured and loss payee in respect to our owned equipment. Liability Limit- Minimum \$2,000,000 and Comprehensive Deductible.

BUSINESS REFERENCES: No Fuel or Credit Cards

Supplier: _____ Address: _____
Phone Number: _____ Fax Number: _____
Supplier: _____ Address: _____
Phone Number: _____ Fax Number: _____
Supplier: _____ Address: _____
Phone Number: _____ Fax Number: _____

I/we the undersigned do hereby certify that the above statements are correct, as authorized officer of the above company.

Signature of Applicant: _____ Date: _____