



SELECT TRAILER SALES

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CREDIT APPLICATION – PARTS DEPARTMENT

Company Name: _____

Mailing Address: _____

Province: _____ Postal Code: _____

Physical Location: _____

Phone Number: _____ A/P Email: _____

Nature of Business: _____ Year Established: _____

HST Number: _____

Owners NAME: _____
ADDRESS: _____
PHONE: _____

Bank NAME: _____
ADDRESS: _____
PHONE: _____

TRADE REFERENCES:

Supplier: _____ Address: _____

Phone Number: _____ Fax Number: _____

Supplier: _____ Address: _____

Phone Number: _____ Fax Number: _____

Supplier: _____ Address: _____

Phone Number: _____ Fax Number: _____

Terms of Sale: Net 30 days. Past due balances are subject to a 1% charge per month.

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

Signature of Applicant: _____ Date: _____