SELECT TRAILER SALES
6145 Netherhart Road, Mississauga, ON. L5T 1G5

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 Select Trailer Sales 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: _____