

ETRS CREDIT APPLICATION

Email completed application to info@etrsofcanada.com

Legal Business Name: _____ Date: _____
Other Trade Names: _____
Are you the sole owner? _____ If no list other names _____
Address: _____ City: _____
Province: _____ Postal Code: _____ A/P Contact: _____
Phone: _____ Fax: _____ Email: _____
Annual Sales: _____ # Of years in business: _____

PRINCIPALS:

Name	Position	Phone
1. _____	/ _____	/ _____
2. _____	/ _____	/ _____

Line of credit: (Please check one)
__ \$5,000 __ \$5,000 - \$10,000 __ \$10,000 - \$15,000
(Credit limit over \$5000.00 must attach last three-year ends.)

BANK REFERENCE

Bank: _____ Address: _____
Account: _____ Contact: _____
Phone: _____ Fax: _____

References:

1). Supplier Name: _____
Address: _____
Contact Name: _____ Credit Limit: _____
Tel: _____ Fax: _____

2). Supplier Name: _____
Address: _____
Contact Name: _____ Credit Limit: _____
Tel: _____ Fax: _____

Authorization:

I hereby Emergency Trailer Repair Services of Canada and its affiliates and related Companies to obtain any information it deems appropriate in regards to the above mentioned Company. I confirm/attest that all the above information is complete and accurate. Moreover, I authorize Emergency Trailer Repair Services of Canada., its affiliates and related companies to communicate the said information to the above-mentioned company’s creditors, financial institutions and suppliers, as well to the investigation agency chosen by Emergency Trailer Repair Services of Canada., its affiliates and related companies.

Applicant signature and date

Principal/Personal Guarantor Information:

Name 1): _____ Date of Birth _____ % Ownership _____
Social security number _____ Phone# _____
Address: _____ City _____ Province _____ Postal code _____

Principal/Personal Guarantor Information:

Name 2): _____ Date of Birth _____ % Ownership _____
Social security number _____ Phone# _____
Address: _____ City _____ Province _____ Postal code _____

Please attach the following along with application:

First few pages of articles of Incorporation if requesting credit over \$5000.00 as well the last three-year ends

TERMS AND CONDITIONS:

It is understood and agreed that if this application for credit is approved it will constitute an agreement for all services performed from Emergency Trailer Repair Services of Canada. In accordance with the company’s standard terms of sales - Net 30 Days. Default of payment will result in a 6% monthly interest charge (25% per annum) on all past due amounts until full amount is has been paid. \$50.00 fee will be charged for N.S.F. cheque. Customer does hereby authorize the supplier to conduct all credit investigations necessary for approval of this application.

Applicant Name: (Please print) _____

Title: _____ Sign: _____ Date: _____

Applicant Name: (Please print) _____

Title: _____ Sign: _____ Date: _____

Thank you for choosing Emergency Trailer Repair Services of Canada “Where your service is our priority” Any questions or concerns to filling out this credit application please do not hesitate to call 905-749-3877.