R&M TRUCK & TRAILER REPAIRS



480 Hartney Street Arnprior, Ontario K7S 0B8

613-623-6508

Fax: 613-623-5382 admin@rmtruck.ca

Credit Application Form

A. Company (Customer)					
Complete Legal Business I	Address:		Address:		
City:		Province/State:		1	Postal Code/Zip:
Owner's Name:		Phone:			Monthly Purchases (estimate):
GST or HST #:		In Business Since:			Accounts Payable Email:
B. Bank Referenc	es				
Bank Name:					
City: Province/State:		Postal Code/Zip:		e/Zip:	Contact:
Phone: Fax or Email:		Transit/Branch #: (mandatory)		anch #: (mandatory)	Account #: (mandatory)
C. Commercial Re	eferences				
Company:		mpany:		Coi	mpany:
Address:		ddress:		Ado	dress:
Contacts					.11
				Col	ntact:
Email: Em		il: En		Em	ail:
Phone: Phon		e: Ph		Pho	one:
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Credit cards can only be used at time of sale or a processing fee will be added, dependent on card type.					
I accept the payment terms of R&M Truck & Trailer Repairs, which is NET 30 DAYS from Invoice date. This Company agrees to pay a 2% interest monthly fee on any balance overdue, or be placed on an automatic COD basis until paid in full. I hereby certify that the information					
contained herein is complete and accurate.					
This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to					
be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.					
the company for which cred	lit is being applied for in	order to \	verity the intor	rmation contained her	rein.
					
Signature		Date			