

TRANSIT COMPANIES
APPLICATION FOR CREDIT
Fax # (519)354-9782

REQUESTED BY (circle one): Chatham/Kitchener/Windsor/London COMPANY (circle one): Limited/Leasing

REQUESTED BY (Transit Trailer Employee name): _____

LEGAL COMPANY NAME: _____ TEL # _____.

TRADE NAME: _____ FAX # _____.

BILLING ADDRESS: STREET: _____.

CITY: _____ PROVINCE: _____ POSTAL CODE: _____.

LEGAL ENTITY: CORPORATION: _____ PARTNERSHIP: _____ SOLE PROPRIETORSHIP: _____

PRESIDENT: _____ TREASURER: _____

A/P CONTACT: _____ YEARS IN BUSINESS: _____

CREDIT LIMIT APPLY FOR: _____

OWNER PARTNER(S) OR SHAREHOLDERS % OF OWNERSHIP TITLE (IF APPLICABLE)

TYPE OF BUSINESS: _____ DATE BUSINESS COMMENCED: _____.

EMAIL ADDRESS _____ RIN # _____.

CREDIT REFERENCES:

Please do not use credit cards, banks or finance companies as credit references.

PRESENT SUPPLIERS	ADDRESS/CITY	TELEPHONE #	FAX # or EMAIL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BANK/FINANCIAL INSTITUTION: _____

BRANCH: _____ LOCATION: _____

MANAGER/LOANS OFFICER: _____ TEL # (_____) _____

BUSINESS ACCOUNT # _____ FAX # (_____) _____

THE UNDERSIGNED HEREBY AGREES THAT:

- (A) THE INFORMATION PROVIDED IS IN ALL RESPECTS TRUE, ACCURATE AND COMPLETE, AND FURNISHED WITH THE INTEREST THAT IT BE RELIED UPON BY TRANSIT IN EXTENDING CREDIT TO THE UNDERSIGNED, AND THAT NO INFORMATION WHICH MIGHT AFFECT THE DECISION TO EXTEND CREDIT HAS BEEN WITHHELD.
- (B) IN CONNECTION WITH THIS APPLICATION FOR CREDIT I/WE CONSENT THAT TRANSIT BE ALLOWED ACCESS TO ALL BANKING INFORMATION AND/OR CAUSE TO BE CONDUCTED ANY PERSONAL INVESTIGATION REQUIRED (PARTNERSHIPS AND PROPRIETORSHIP ONLY).
- (C) THE TERM "TRANSIT" AS STATED IN THIS APPLICATION MAY INCLUDE ONE OR ALL OF THE FOLLOWING: TRANSIT TRAILER LIMITED, TRANSIT TRAILER LEASING LIMITED.

DATE: _____ TITLE: _____ SIGNATURE: _____

* IF ADDITIONAL INFORMATION IS AVAILABLE PLEASE USE REVERSE SIDE OR ATTACH HERETO

* PLEASE ENSURE ALL SECTIONS ARE COMPLETED IN FULL*