



COMMERICAL CREDIT APPLICATION

COMPANY INFORMATION

Business Name (Trade Name)		Legal Name (if different from Trade Name)	
Current Physical Address Street City/Prov Postal Code		Current Mailing Address (if different from Physical Address) Street City/Prov Postal Code	
Main Phone Number	Payables Number	Fax Number	Cell Number
Email Address		Website	
Principal Responsible Person	Position/Title	Work Extension	

CREDIT INFORMATION

Type of Business	Business Structure Corporation _____ Partnership _____ Proprietorship _____ Division/Subsidiary _____ of _____	Duration in Business (years)	Credit Amount Requested \$ _____ Month
Credit Card Number	Name on Card	Expiry Date	Security Code
Principal Commercial Bank	Bank Contact Officer	Phone Number	Account Number
Address	City	Province	Postal Code

INSURANCE INFORMATION

Will Insurance be Furnished? YES ___ (complete next field) NO ___ (COPY OF POLICY REQUIRED)	Type of Insurance Coverage (POLICY MUST VALIDATE THAT COVERAGE APPLIES TO OUR CARS/TRUCKS IF OUR INSURANCE IS TO BE WAIVED) Limits _____ Policy # _____ Expiry Date _____ Liability \$ _____ Ded Collision _____ Ded Comp _____		
Insurance Company	Address	City	Prov Postal code
Agent's/Broker's Name	Address	City	Prov Postal code

TRADE REFERENCES

1. Company Name	Contact Name	Phone Number
Address	City Prov	Postal Code
2. Company Name	Contact Name	Phone Number
Address	City Prov	Postal Code
3. Company Name	Contact Name	Phone Number
Address	City Prov	Postal Code

The company hereby authorizes Pencar Sales Rentals Leasing Inc. to verify all relevant information necessary to a Credit, Insurance, and Trade Reference Investigation. We understand and accept the stated credit terms, inclusive of Net 30 days from date of invoice.

Signing Authority (Must have Authority to Bind Company)	Title	Date