

# AUTOMOTIVE AGRICULTURAL

TRUCK INDUSTRIAL

# **APPLICATION FOR CREDIT**

Legal Name of Company

Trade Name (If any)

Address

City Province Postal Code

Shipping Address(es) (If different)

City Province Postal Code

Phone Number

Nature of Business

Date Business Started Credit Limit Required

Type of Business Sole Proprietorship Partnership Corporation

P.S.T. Number G.S.T. Number

Accounts Payable Contact Info Name Phone Number

**Email Address** 

Purchasing Contact Info Name Phone Number

**Email Address** 

Are Purchase Orders Required Yes No Backorders Allowed Yes No

Statements + Invoices to be emailed to

Preferred payment method EFT Credit Card Cheque E-Transfer

# **WINNIPEG MB**

515 Oak Point Hwy, R2R 1V2 Tel: 204-633-9272 Toll Free: 1-800-463-4641 Fax: 204-632-6305

#### REGINA SK

559 McDonal St. S4N 4X1 Tel: 306-721-7211 Toll Free: 1-800-667-7211 Fax: 306-721-7215

WESTRANS privacy policy is available on our website:www.wes	strans.co <b>m</b>	APPLICATION FOR CRED
Name of Bank		
Address		
City	Province	Postal Code
Phone Number		
Transit Number	Acc	ount Number
References: Please provide 2 Credit Re	eferences	
1) Name		
Address		
City	Province	Postal Code
Phone Number	Email Address	
2) Name		
Address		

1. I HEREBY ACKNOWLDGE THE FOLLOWING TERMS OF CREDIT WITH WESTRANS COMPANY IN THE EVENT CREDIT IS EXTENDED:

Province

**Email Address** 

A) PAYMENT TERMS ARE: NET 30 DAYS FROM DATE OF INVOICE.

City

**Phone Number** 

- B) FOR ALL PAST DUE AMOUNTS, INTEREST IS COMPOUNDED AT A RATE OF 1.5% PER MONTH (18% PER ANNUM).
- C) ALL GOODS RETURNED FOR CREDIT MUST BE APPROVED BY WESTRANS PARTS DEPARTMENT ONLY.
- D) GOODS RETURNED FOR CREDIT AFTER 30 DAYS ARE SUBJECT TO A 20% RESTOCKING CHARGE.
- E) GOODS NOT A ACCEPTED FOR CREDIT WITHOUT ORIGINAL PURCHASE INVOICE NUMBER.
- F) WESTRANS COMPANY MAY DISCLOSE MY CREDIT HISTORY TO CREDIT RATING AGENCIES.
- 2. I HEREBY CONSENT TO WESTRANS COMPANY OBTAINING BANKING, CREDIT AND FINANCIAL INFORMATION FROM THE BANK AND REFERENCES LISTED ABOVE.
- 3. I HEREBY CONSENT TO WESTRANS COMPANY CONDUCTING OR CAUSING TO BE CONDUCTED A PERSONAL INVESTIGATION AS DEFINED BY THE PERSONAL INVESTIGATION ACT OF MANITOBA

NAME (PRINT) **SIGNATURE** 

TITLE **DATE** 

# Please email back to:

Danielle Pitman Accounts Receivable & Credit Manager Phone: 204-631-4203 | Fax: 204-694-9415 dpitman@westrans.com | www.westrans.com

# **WINNIPEG MB**

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# **REGINA SK**

Postal Code

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