



KEEPS YOU ROLLIN'

**AUTOMOTIVE  
AGRICULTURAL  
TRUCK  
INDUSTRIAL**

**APPLICATION FOR CREDIT**

**HEAD OFFICE:**

Legal Name of Company

Trade Name (if any)

Address:

Ship to Address(es)(if different)

City:

Province:

Postal Code:

Phone Number: (     )

(     )

Fax 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:

*(Required for Core Returns)*

Accounts Payable Contact Info: Name:

Phone #:

Email Address:

Fax #:

Purchasing Contact Info: Name:

Phone #:

Email Address:

Fax #:

Statements to be sent to:  Head Office

Ship to branch

Invoices to be mailed/sent to:  Head Office

Ship to branch

With shipment

Are purchase orders required?  Yes

No

Back orders allowed?  Yes

No

Do you accept faxed and/or electronic invoices & statement?  Yes

No



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Name of Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Transit Account Number: \_\_\_\_\_

References: Please provide two (2) Credit References:

1) Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

2) Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

1. I hereby acknowledge the following terms of credit with Westrans Company in the event credit is extended:
  - A) Payment terms are: Net 30 days from date of invoice.
  - 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) 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.

**Full Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

**Credit Limit:** \_\_\_\_\_  
**Branch:** \_\_\_\_\_ **Sales Person:** \_\_\_\_\_