



696 Bayview Dr., Barrie, ON. L4N9A6
Toll Free: 1-855-770-5510
Fax: 705-726-5021

Credit Application

Full Name of Company: _____
Trade Name (if different than above) _____

Full Address: _____
Number Street Name Box# R.R#

City or Town Province Postal Code

Phone Number: (____) _____ Phone Number: (____) _____
Fax Number: (____) _____ Email Address: _____

Facilities: Owned _____ Leased _____ If leased, by whom _____
Equipment: Owned _____ Leased _____ If leased, by whom _____

Identity: Corporation ____ Co-operative ____ Partnership ____ Proprietorship ____

Principals, Partners, and Principal Officers:

Name: _____ Phone: (____) _____
Address: _____
Name: _____ Phone: (____) _____
Address: _____
Name: _____ Phone: (____) _____
Address: _____

Nature of Business: _____

Do you require a Purchase Order to charge to this account? Yes ____ No ____
If NO, is any other form of authorization required to use this account? Yes ____ No ____

Contact Name for Accounts Payable: _____
Credit Limit Requested: \$ _____

Bank Name: _____ Contact Name: _____
Phone Number: (____) _____ Phone Number: (____) _____
Address: _____

Principal Suppliers and Credit References (MINIMUM 3)

FAX NO. REQUIRED

1. _____
Name Phone Fax

Address

2. _____
Name Phone Fax

Address

3. _____
Name Phone Fax

Address

***** **TERMS ARE NET 30 DAYS** *****

The undersigned certifies the above information to be true and affirms that any credit given to this company is extended upon the basis of this information. I agree to pay all service charges incurred on past due accounts, as well as all collection fees, and court costs if collections procedures are implemented on the account. I further acknowledge that Provincial Tire Distributors Inc. may have the right of repossession in the event of non-payment of my account as agreed.

Signed: _____
Position: _____

Date: _____

Sales Person Name: _____
Sales Person Initials: _____