



CLIFF'S TOWING LTD. 18420-118 A Ave. Edmonton, Alberta T5S 2M3 Phone: 780-451-1555 Fax: 780-448-2729

CREDIT APPLICATION

DATE: _____

CUSTOMER NAME: _____

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____ EMAIL: _____

TYPE OF BUSINESS: _____ OWNER NAME: _____

MANAGER'S NAME: _____ DATE OF INCORPORATION: _____

PROVINCIAL OR FEDERAL INCORPORATION _____

NUMBER OF COMPANY VEHICLES _____ CREDIT LIMIT REQUESTED _____

HOW OFTEN DO YOU USE OUR SERVICES _____

PRINCIPALS OF BUSINESS (if incorporated or partnership)

NAME	ADDRESS	POSITION	PHONE
_____	_____	_____	_____
_____	_____	_____	_____

BANK REFERENCE

NAME	PHONE
ADDRESS	FAX
_____	_____
_____	_____

TRADE REFERENCES (please provide 3 references)

NAME	PHONE
ADDRESS	FAX
_____	_____
_____	_____

NAME	PHONE
ADDRESS	FAX
_____	_____
_____	_____

NAME	PHONE
ADDRESS	FAX
_____	_____
_____	_____

IF INCORPORATED LESS THAN 2 YEARS, PLEASE PROVIDE THE FOLLOWING DETAILS OF FORMER BUSINESS OR OCCUPATION:

NAME	ADDRESS	POSITION	PHONE
_____	_____	_____	_____
_____	_____	_____	_____

BILLING INSTRUCTIONS

CLIFF'S TOWING LTD TERMS ARE "NET DUE 30 DAYS FROM DATE OF INVOICE" , BY SIGNING THIS APPLICATION YOU ACKNOWLEDGE YOU ARE AWARE OF THIS AND IF YOUR APPLICATION IS APPROVED YOU AGREED TO ABIDE BY THEM.

CONTACT PERSON FOR ACCOUNTS PAYABLE _____

P.O REQUIRED _____ CONTACT PERSON FOR P.O _____

SIGNED THIS _____ DAY OF _____,20 _____

SIGNED _____ TITLE _____