



**MacArthur Truck & Trailer**  
 1240 Highland Avenue  
 Brandon, Manitoba R7C 1A7  
 Tel: 204-728-6681  
 Fax: 204-726-8457

## Customer Application for Credit

Name of Business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 P.S.T. #: \_\_\_\_\_ G.S.T #: \_\_\_\_\_  
 I.P.R. #: \_\_\_\_\_ & Copy of Cab Card if Applicable.

### General Credit Information

Note to Customer... All Credit information is treated as confidential and is for the exclusive use of the credit department of MacArthur Truck & Trailer.

Name of Owner: \_\_\_\_\_  
 How Long in Business \_\_\_\_\_ Company Year End: \_\_\_\_\_  
 Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Incorporated \_\_\_\_\_  
 Type of Business: \_\_\_\_\_  
 Person to Contact about Account: \_\_\_\_\_  
 Will Purchase order to be used Yes \_\_\_ No \_\_\_ Amount of credit Requested \$ \_\_\_\_\_

### Terms and Conditions

*If the Credit Requested is approved the customer agrees to comply with the company's Terms of Sale, Net 15<sup>th</sup> of the Following Month. Products for return must be authorized and accompanied with a copy of the invoice and will be subject to a handling charge.*

**Interest will be applied to your account at the rate of 2% per month on all unpaid balances**

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please give us as accurate and complete information as possible to speed up our credit reference checks*

### Please complete the back of this form

To be completed by Credit Department

I have reviewed the Credit information on the reverse side and based on that and my personal knowledge of the customer,

\_\_\_\_\_ I recommend a Credit limit of \$ \_\_\_\_\_ be established

\_\_\_\_\_ I recommend we do not open an account at this time.

Manager \_\_\_\_\_ Date \_\_\_\_\_

## Credit References

### Your Present Bank

Name: \_\_\_\_\_ Line of Credit \_\_\_\_\_  
Address: \_\_\_\_\_ Amount being used: \_\_\_\_\_  
Town/City \_\_\_\_\_ How long with this \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Comments: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

---

### Customer Suppliers:

1: Name: \_\_\_\_\_ High Credit: \_\_\_\_\_ Pres. Balance \_\_\_\_\_  
Address: \_\_\_\_\_ Cur Amt.: \_\_\_\_\_ O/D Amt.: \_\_\_\_\_  
City/Town: \_\_\_\_\_ How long sold: \_\_\_\_\_  
Phone: \_\_\_\_\_ Paying Habits: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Comments: \_\_\_\_\_  
Name of Contact: \_\_\_\_\_

---

2: Name: \_\_\_\_\_ High Credit: \_\_\_\_\_ Pres. Balance \_\_\_\_\_  
Address: \_\_\_\_\_ Cur Amt.: \_\_\_\_\_ O/D Amt.: \_\_\_\_\_  
City/Town: \_\_\_\_\_ How long sold: \_\_\_\_\_  
Phone: \_\_\_\_\_ Paying Habits: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Comments: \_\_\_\_\_  
Name of Contact: \_\_\_\_\_

---

3: Name: \_\_\_\_\_ High Credit: \_\_\_\_\_ Pres. Balance \_\_\_\_\_  
Address: \_\_\_\_\_ Cur Amt.: \_\_\_\_\_ O/D Amt.: \_\_\_\_\_  
City/Town: \_\_\_\_\_ How long sold: \_\_\_\_\_  
Phone: \_\_\_\_\_ Paying Habits: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Comments: \_\_\_\_\_  
Name of Contact: \_\_\_\_\_