



1655 Dugald Road Winnipeg, Manitoba, R2J 0H3  
Ph. (204) 654-9646 Fax (204) 654-9676  
www.tereckdiesel.com

**CREDIT APPLICATION \*IMPORTANT: ALL QUESTIONS MUST BE ANSWERED**

Please fill out this section by the person accepting responsibility for this account:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's Lic: \_\_\_\_\_ SIN: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone# \_\_\_\_\_ Signature: \_\_\_\_\_

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Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Annual Volume: \_\_\_\_\_

Purchasing Agent: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

GST# \_\_\_\_\_ PST# \_\_\_\_\_

Is a Purchase Order Req'd \_\_\_\_\_ Unit# \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Contact: \_\_\_\_\_ Account# \_\_\_\_\_

**List 3 Supplier References other than fuel or finance companies:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Contact: \_\_\_\_\_

Amount of Credit req'd: \$ \_\_\_\_\_

**Principals of the Company:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

I/we hereby authorize Tereck Diesel Ltd to conduct or cause to be conducted, a credit investigation in connection with this application for credit and on a continuing basis. I/we agree to pay within terms for merchandise ordered or services rendered by Tereck Diesel Ltd. I/we understand that monthly accounts are due and payable within 30 days of the purchase date, and that past due accounts will bear interest at 1 1/2% per month. Accounts over 30 days past due will be put on a c.o.d. basis. Please date and sign below agreeing to these terms.

Date: \_\_\_\_\_

Signature of Owner or Authorized Officer