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**CUSTOMER PROFILE**

"All Information Given Will Be Held In Strict Confidence"

Registered Company Name: \_\_\_\_\_ Operating Company Name: \_\_\_\_\_

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

Province: \_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address : \_\_\_\_\_ U.R.L. (Website) \_\_\_\_\_

Check as applicable: Proprietorship Partnership  Corporation

Give full name(s) and Home Address(es) of Owners-Partners-Officers

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

Nature of Business: \_\_\_\_\_ Buyers Name: \_\_\_\_\_

Date of Business Commenced or Incorporated: \_\_\_\_\_

G.S.T. Registration number: \_\_\_\_\_ P.S.T. Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Trade References: Please provide 3 references beginning with the company's name.

(Please Provide All Fax Numbers)

\_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

\_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

\_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Purchasing Contact Person: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Accounting (Account Payable) Contact Person: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Arrangements Required:

30 Day Terms \_\_\_\_\_ Monthly line of credit required (Please indicate amount).

Other \_\_\_\_\_

I authorize and consent to the receipt and exchange of credit information about me by the bank with Trailer Canada. This includes the sharing and exchange of credit information about me with any credit reporting agency, any credit bureau, and any person or corporation with whom I may have financial relations. It is understood that any financial information will be held in strict confidence and only used in the consideration of this application.

Date: \_\_\_\_\_ Name: (print) \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Please return original to above address, email: info@trailercanada.com or fax to 780-645-6506.