



CALL TOLL FREE ANYWHERE IN CANADA : 1-888-645-6998

5037-50th Avenue, P.O. Box 130, St. Paul, Alberta T0A 3A0

Office: (780) 645-6998

Fax: (780) 645-6506

Email: info@trailercanada.com

www.trailercanada.com

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: _____ Website: _____

Check (If 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