CALGARY PETERBILT LTD.
11550 - 44 Street S.E.
Calgary, Alberta T2Z 4A2
Phone: (403) 235-2550 Fax: (403) 235-1322
PETERBILT LETHBRIDGE
PETERBILT RED DEER

CREDIT APPLICATION AND AGREEMENT

Personal Information

Applicant's Name (First Name, Middle, Last)	Birthdate / / Mo Day Year	S.I.N.:	Spouse
Business Name	Phone: (Res):	Phone: (Bus)	
Cell: / Fax:	Email:		
Personal Reference & Phone	Acct. Payable Contact		

Address	City:	Province:	Postal Code	How Long?	❑ OWN ❑ RENT ❑ WITH RELATIVE ❑ MOBILE HOME
Former Address (If less than 2 years at present)	City	Province	Postal Code		

Truck & Trailers

Year:	Make:	Model	Serial Number (last 6):	Financed By:

Bank, Credit References, Loans, Trade Accounts

Source:	Address:	Phone:	Account Number:	Contact:

Balance Sheet

Asset Description:	Value $:	Creditor Name:	Monthly Payment:	Balance
Cash:				
A/R		Line of Credit:		
RRSP's		Truck Loan		
Vehicles (Personal):				
Real Estate		Mortgage:		
Other				
		Credit Cards		
Total Assets $		Total Monthly Payments & Liabilities $		

Have you filed for Bankruptcy last 6 years? Yes ❑ No ❑

Any Previous Repossessions? Yes ❑ No ❑

Have you had an account here in the past? Yes ❑ No ❑

EMPLOYMENT INFORMATION

Present Employer Name:	City:	Phone:	Contact:
How Long? Material Hauled	Monthly Miles	Number of Trucks Own _____ Lease _____	Number of Trailers Own _____ Lease _____
Spouse's Employer:	Position:	Income:	

Persons Authorized to Make Purchases: (List each, Attach separate page if required)

1.	2.
3.	4.

Is a P.O. Required? Yes ❑ No ❑ Maximum Credit Line Requested $_____

The Customer understands that labour charges and repair parts supplied are on a cash basis but for my/our convenience. I/We make application for open account privileges with CALGARY PETERBILT LTD. and its branches (Hereinafter called "the Company") with the understanding that all bills are to be paid no later than 30 days from the date of invoice, after which time I agree to pay 2.00% past due interest per month on my/our account. (EQUALING 24.0% PER ANNUM CALCULATED YEARLY, NOT IN ADVANCE) PAYABLE MONTHLY.

I understand that credit will be granted in my personal name and I am personally responsible for all activity on such account. If applying under a Limited or Incorporated company, I agree that I am personally responsible jointly and severally with that entity unless agreed to by the Company, in writing.

I understand my account will be charged for any collection fees incurred by the Company.

I agree to notify the Company in writing within 30 days of my statement date of any irregular charges. Failure to do so indicates acceptance of correctness of the statement.

I shall promptly notify the Company, in writing, of any change of address.

I agree to pay the assessed charges for the handling of any cheque submitted for payment.

If this is a joint account, we jointly and severally agree to pay this account in accordance with the terms of this agreement. When applicable, words in the singular include the plural.

The information given above is true and complete. The Company may receive from and disclose to other persons, including credit reporting agencies, information about Applicant's accounts and credit experience and Applicant authorizes any person to release to the Company credit experience and account information on Applicant made by the Company, or any person requested to release such information to the Company.

_____ Applicant's Signature and Title

_____ Applicant's Signature and Title

_____ Dated

_____ Dated