

905 44 ST N Lethbridge, Alberta T1H 7H4 Phone: (403) 328-0808 Fax: (403) 320-0234 ATTN: Accounts Receivable

Email: accrec@southlandit.com

SOUTHLAND INTERNATIONAL TRUCKS LTD. Credit Application

		Credit Limit Reques	ted:
PLE	ASE TYPE OR PRINT	oroan anni koqoo	
Apı	olicant's Name:		Phone:
Date of Birth:		Cel	l:
Co	mpany Legal Name:		
Ad	dress (In Full):		Postal Code:
Bus	#: Fax: _	Email:	
Αpı	plicant is a/an: (check one) _	Individual Partnershi	p Corporation Other:
Prin	cipal Shareholder:		Length Of Time In Bus:
Bank Name:			
TRΔ	DE REFERENCES (MINIMUM 3)		
1.			_ Address:
			Fmail:
2.			Address:
			Email:
3.			Address:
••			Email:
Pur		Will Be Provided	
			o The Account Should Be Addressed To:
	•		_ Position:
	Upon approval of your application		
3.4.5.	Southland International Trucks Ltd. ("Southland") will provide the applicant with a detailed monthly statement of account. It is understood and agreed that you will pay all charges which are due as indicated on the statement. Account balances must be paid off by cheque, cash, debit or electronic funds transfer. Credit cards cannot be used to pay off account balances. All charges are subject to a finance charge of 24% per annum (2% per month) if the new balance is unpaid after one month from the closing date of the statement. You agree to pay finance charges in the event of late payment. Payments received will be applied to oldest charges first, including any unpaid finance charges. You agree to advise Southland of any material changes in the ownership of your company or material adverse changes in financial/credit status. Should Southland use the services of a lawyer or collection service to collect monies overdue or to otherwise enforce the terms of this application, you agree to pay Southland for such legal or other services on a solicitor and his own client or actual cost basis.		
infor	lerstand that a commercial credit repo mation in this credit application may b	ort (for an incorporated company) or a se obtained from a credit reporting age	consumer credit report (for an individual or unincorporated company) using the ency in connection with the application. I/we consent to Southland obtaining such a cure additional information as required on an ongoing basis.
Applicant's Signature:			Position:
Print Name:			Dated:
	Approved:	FOR OFFI	CE USE ONLY Dated:

_____ Credit Limit: __

Account Number: _____