



SOUTHLAND

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ATTN: Accounts Receivable
Email: accrec@southlandit.com

SOUTHLAND INTERNATIONAL TRUCKS LTD. / IDEALEASE

PLEASE TYPE OR PRINT

Applicant's Name: _____ **Phone:** _____

Date of Birth: _____ **Cell:** _____

Company Legal Name: _____

Address (In Full): _____ **Postal Code:** _____

Bus #: _____ **Fax:** _____ **Email:** _____

Applicant is a/an: (check one) ___ **Individual** ___ **Partnership** ___ **Corporation** ___ **Other:** _____

Principal Shareholder: _____ **Length Of Time In Bus:** _____

Bank Name: _____ **GST Registration #:** _____

TRADE REFERENCES (MINIMUM 3)

1. **Name:** _____ **Address:** _____
Phone: _____ **Fax:** _____
2. **Name:** _____ **Address:** _____
Phone: _____ **Fax:** _____
3. **Name:** _____ **Address:** _____
Phone: _____ **Fax:** _____

I understand that a commercial credit report (for an incorporated company) or a consumer credit report (for an individual or unincorporated company) using the information in this credit application may be obtained from a credit reporting agency in connection with the application. I/we consent to Southland obtaining such a report, in addition to authorizing Southland to investigate all references and to secure additional information as required on an ongoing basis.

Applicant's Signature: _____ **Position:** _____

Print Name: _____ **Dated:** _____

FOR OFFICE USE ONLY

Approved: _____ **Dated:** _____