



TRANSIT LUBRICANTS LTD.

5 Hill St. PO Box 1720 Kitchener, ON N2G 3R2

PH: (519) 571-1220

Fax: (519) 579-0286

CREDIT APPLICATION

Page 1 of 2

INVOICE TO:
Company Name _____
Legal Name _____
Address _____
City/Prov _____
Year Established _____
Postal Code _____

SHIP TO:
Company Name _____
Legal Name _____
Address _____
City/Prov _____
Year Established _____
Postal Code _____

SALES CONTACT:
Name _____ Email _____
Phone _____ Ext. _____ Fax _____

BUSINESS TYPE:
Corporation: Partnership: Proprietorship:

PAYABLES CONTACT:
Name _____ Email _____
Phone _____ Ext. _____ Fax _____

PRINCIPAL(S), PARTNER(S), or PROPRIETOR(S)
Name _____ SIN/DOB _____
Home Address _____ Phone _____
Name _____ SIN/DOB _____
Home Address _____ Phone _____

We authorize the bank listed to release the requested information for the purpose of obtaining an open line of credit.
Bank _____ Contact _____
Address _____ Phone _____
City _____ Fax _____ Account _____

TRADE REFERENCES:

Name	Address/City	Phone/Fax
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Suppliers:

CREDIT CARD# _____ CVN _____ Expiry _____



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PAYMENT DUE WITHIN 30 DAYS OF INVOICE OR DELIVERY DATE

The undersigned authorizes you to obtain from or disclose any information pertaining to the credit standing of the company or related affiliations or principals and further authorizes the right of offset against any accounts due from your related companies. The undersigned authorizes you to charge outstanding balance to the above noted credit card if not paid within specified terms and/or as requested by the client. Accounts not paid by due date are subject to an interest charge from date of maturity at the rate of 1.5% per month (19.56% per annum) as shown on invoices.

Client Signature _____

Date _____

(Authorized Signing Officer)

Client Name (print) _____

Credit Line desired: \$ _____

Title: _____

Sales # _____ Mgr: _____

TERMS AND CONDITIONS

- 1) Terms of sale are 30 days from date of delivery/invoice. Agents or representatives of credit grantor are not authorized to change or adjust credit terms without written authorization of the Credit Manager or President.
- 2) Accounts not paid by due date are subject to an interest charge from due date at the rate of 1.5% per month (19.56 per annum) as shown on invoices.
- 3) All claims against invoices must be made within 30 days after receipt of goods. Goods may not be returned without prior authorization of (credit grantor).
- 4) Goods/merchandise authorized for return will be subject to a minimum 15% restocking charge.
- 5) Copies of lost or misplaced invoices provided to applicant will be subject to a \$20.00 charge.
- 6) NSF cheques will be subject to a \$25.00 charge.
- 7) Failure to comply with these Terms and Conditions may result in cancellation of credit privileges without notice. In the event of any default, the (credit grantor) may (a) close the account and/or (b) accelerate payment of the full balance © assign the account to an agent or other authorized representative for collection.
- 8) Applicant agrees to bear all costs incurred in collecting any unpaid accounts including but not limited to collection suit fees, legal fees, and court costs.
- 9) The information given in this Application and agreement is warranted to be true and correct and given for the purpose of obtaining credit.
- 10) The applicant consents to the obtaining of credit and/or personal information as may be required in connection with the credit line hereby applied for or any renewal or extension thereof and to the disclosure of any trade information concerning the applicant to any credit reporting agency or to any person with whom the applicant has or proposes to have financial relations.
- 11) Upon determination that the customer's creditworthiness has changed adversely or does not satisfy current credit standards, (credit grantor) may close or lower the credit limit of the account.

Client Initials _____

OFFICE USE ONLY:

COMPANY NAME: _____

Existing: Y () N ()

LUBRICANTS: _____

Destination Code: _____ R () J () W ()

Projected Volumes

Monthly () Yearly ()

Litres: _____

OFFICE/CREDIT DEPT

Salesperson#: _____

CI: _____

PI: _____

RCODE: _____

Collector #: _____

Auth: _____

Analyst

Credit Manager

LIMIT: \$ _____