

# Docksider TRAILER RENTALS

81 Gaylord Rd, St. Thomas, ON N5P 3S3  
Ph.: (519) 631-1144 Fax: (519) 631-6066  
tania@docksidetrailers.com

## Confidential Credit Application

General Business Details			
Legal Name / Trade Name :			
Individual <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	Date of Incorporation
Social Insurance No.			Jurisdiction of Incorporation
Address :			HST #:
_____			Tel.:
_____			Cel.:
_____			Fax:
Name of Principles:		Title :	
Are any of the owners/officers now or in the past 5 years in bankruptcy proceedings?			
Number of years in business:	Type of business:	P.O. Required?	
Bank Information			
Bank Name:	Bank Contact:	Account #:	
Bank Address:			Bank Tel.:
Trade References			
Name:		Contact:	
Tel.:		Fax:	
Name:		Contact:	
Tel.:		Fax:	
Name:		Contact:	
Tel.:		Fax:	

CONSENT: I (we) hereby authorize Dockside Trailer Rentals Inc. to obtain credit or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business required.

I (we) understand that all accounts in arrears are subject to a service charge at the rate of 1-1/2% per month on outstanding balances in excess of 30 days. Accounts not paid within 30 days are considered past due and may cause interruption in credit extended. I further agree to pay collection and/or legal fees incurred by Dockside Trailer Rentals Inc. in collection of any past due amounts.

Applicant has authority to enter into this agreement. Any person signing it on the Applicant's behalf has been duly authorized to execute agreements for the purchaser.

The Applicant and Co-Applicant shall be jointly and severally liable for this account.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Officer (Applicant)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name