



CREDIT APPLICATION

Please complete this form and fax to 780.488.2339 or email to clientcare@willystrucking.com. All information is required, unless noted otherwise.

Business Information

Business Name/Trade Name: _____

Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____

Physical Address: _____ City: _____ Prov: _____ Postal Code: _____

Phone No.: _____ Fax No.: _____ Shipping/Receiving Hours: _____

Other Branch Locations (permitted to bill to this account):

Address: _____ City: _____ Prov: _____ Postal Code: _____

Phone No.: _____ Fax No.: _____ Shipping/Receiving Hours: _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

Phone No.: _____ Fax No.: _____ Shipping/Receiving Hours: _____

Contact Information of Partners/Directors responsible for this account:

1. Name: _____ Phone No.: _____ Email: _____

2. Name: _____ Phone No.: _____ Email: _____

Accounts Payable Contact Name: _____ Phone No.: _____

Email: _____ Invoicing Requirements?: _____

Shipping/Receiving Contact Name: _____ Email: _____

Can you meet our 30-Day Term? Yes _____ No _____

If "No" state reason why: _____

Business Industry: _____ Years in business: _____ GST# _____

This business is a: Proprietorship Partnership Corporation Credit Limit Requested: _____

Business References

1.) Name: _____ Phone No.: _____ Fax No.: _____

2.) Name: _____ Phone No.: _____ Fax No.: _____

3.) Name: _____ Phone No.: _____ Fax No.: _____

The undersigned hereby authorizes Willy's Trucking Service to obtain any information required concerning this application and affirm that the information herein is true and correct. The undersigned also acknowledges that account terms are Net 30 days from the date of invoice and interest is charged at 2% (26.82% per annum) on accounts not paid in accordance with the said terms. Failing to make payments in accordance with these terms, Willy's Trucking Service may take appropriate collection action.

Authorized Signature: _____ Date: _____

Print Name: _____ Position: _____

For Office Use Only
Date Approved: _____ Credit Limit: _____ Rate Sheet: _____