JOHAL ROADLINES

deems necessary to reach a decision on this application.

Application For Credit

UNIT-F 2924 MINERS AVENUE Saskatoon, SK S7K 4Z7 Phone: (306) 341-1611

Company Legal Name: Company's Trading Name (S): Physical address: _____ City/Town______Postal Code: _____ Telephone # _____ Fax # _____ Billing address: DO YOU REQUIRE A P.O OR REF # TO PROCESS PAYMENT YES OR NO Please circle one. Accounts Payable Person____ **Major Trade References** Phone #_____Fax # email _____ Please complete this portion in full in order for us to **Type of Organization:** process your credit request. We require a minimum of ___ Proprietorship ____ Partnership ___ Corporation ____ Other 3 trade references. Type of Business: The following companies will not provide us with a How Long _____ credit reference so please do not list. All Major Credit Card Companies, Banks, Fuel Companies. Name of Principals: 1. Supplier _____ Phone Fax Contact. 2. Supplier _____ **Banking Information** Phone_____ Contact. Name of Bank: Province/State: _____ 3. Supplier _____ Phone City/Town _____ Fax Province/State: _____ Contact. Phone No. _____ THE UNDERSIGNED FURTHER DECLARES THAT THE STATEMENTS MADE HEREIN ARE TO THE BEST OF MY KNOWLEDGE TRUE AND CORRECT. To be signed by owner, partner, or authorized individual designated by the applicant. _____, Being Duly Authorized by ____ Company Legal Name Consent to Johal Roadlines., or any person acting on behalf of Johal Roadlines making any inquiries of any such person, firms or Corporations as it