



1-800-552-8746 FAX: 306-525-4329

SASKATCHEWAN OWNED AND OPERATED SINCE 1943



(PLEASE PRINT)

BUSINESS NAME:

OPERATING NAME (If different):

SHIP TO ADDRESS:

MAILING ADDRESS (If different):

CITY/TOWN:  POSTAL CODE:  BUS. PHONE:

FAX  EMAIL

GST #:  PST #:  PST Exempt? Yes or No

INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ BUSINESS COMMENCED

SHAREHOLDERS/PARTNERS:

NAME	POSITION	PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

MANAGER'S NAME:

ACCOUNTS PAYABLE CONTACT:

CREDIT LIMIT REQUESTED:

NAME OF BANK:  BRANCH:

CREDIT CARD:  CREDIT CARD #  EXP DATE

TRADE REFERENCES (PLEASE SUPPLY FOUR): if requesting charge account

NAME	LOCATION	PHONE/FAX
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS AND CONDITIONS:

The above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize Auto Electric Service Ltd. to do a credit investigation. I/we agree to the following payment terms; All accounts are due on the 15<sup>th</sup> of the month following shipment, and a service charge of 1.5% per month (18% annually) will be charged and paid on all past due amounts.

APPLICANT'S SIGNATURE:  DATE:

I THE UNDERSIGNED, WILL PERSONALLY BE RESPONSIBLE AND GUARANTEE THE PAYMENT OF THIS ACCOUNT.

ACCT SLS 15