



940 Douglas St  
Brandon, MB  
R7A 7B2  
Ph. 204-728-2580 Fax. 204-728-2522  
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**Application for Credit**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Limited Company: \_\_\_\_\_ Partnership: \_\_\_\_\_ Sole Proprietor: \_\_\_\_\_

Given Names of Partners or

Directors: \_\_\_\_\_

Length of Time in Business: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Branch: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**Trade References:**

1. Name \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

2. Name \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

3. Name \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

By signing this Application for Credit with Accel Towing & Transport, we agree to the following terms:

-Terms 10<sup>th</sup> of the month following date of invoice

-Over due invoice will be charged interest at 2% per month (24% per annum) Finance charges are to be paid immediately

-We reserve the right to pursue overdue accounts through any legal means possible

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

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