

## Peterbilt Manitoba Ltd.



1895 Brookside Boulevard 1809 – 18th Street North 75 Don Valley Parkway 32154 Highway 1 E

Winnipeg, MB **R2R 2Y3** (204) 633-0071 Brandon, MB R7C 1A6 (204) 725-1991 **R0E 1J0** Springfield, MB (204) 668-6399 Portage la Prairie, MB R1N 3B9 (204) 410-5020

PETERBILT MANITOBA LTD.

## **APPLICATION FOR PARTS & SERVICE ACCOUNT**

| Principal Information  |                        |              |            |                  |                 |                     |  |                  |              |             |   |                  |                       |  |  |
|--|------------------------|--------------|------------|------------------|-----------------|---------------------|--|------------------|--------------|-------------|---|------------------|-----------------------|--|--|
| Full Legal Name  |                        |              |            |                  |                 |                     | Birth Date                                     |                  | SIN          |             | Te                                      | Telephone Number |                       |  |  |
| Home Address (Including City, Province, and Postal Code)   |                        |              |            |                  |                 |                     | Email Address                                  |                  |              | Cell Number |   |                  | ber                   |  |  |
| Business Information   |                        |              |            |                  |                 |                     |  |                  |              |             |   |                  |                       |  |  |
| Type/Nature of Business Are you: Hauling for a Compar  |                        |              |            |                  |                 | Owner/Operator Sole |  |                  | Sole Proprie | tor 🗌       | Partnersh                               | ip [             | Corporation           |  |  |
| Full Legal Business Name   |                        |              |            |                  |                 |                     | Business Email Address                         |                  |              | G.S.T.      |   |                  | . Registration Number |  |  |
| Corporate Address (Including City, Province, and Postal Code)  |                        |              |            |                  |                 |                     | Phone  |                  |              | Fax         |   |                  |                       |  |  |
| Con  | tact Name              | Po           | sition     | ition            |                 |                     | r of<br>rees                                   | ars in<br>siness |              |             | ber of Trucks Operated:                 |                  |                       |  |  |
| Person Responsible for Accounts Payable Name and Address of Bank   |                        |              |            |                  |                 |                     |  |                  |              |             |   |                  |                       |  |  |
| Credit Amount Required   |                        |              |            |                  |                 |                     | ion Number I.R.P. I<br>of Certificate) (Attack |                  |              |             | Exemption Number n Copy of Certificate) |                  |                       |  |  |
| References   |                        |              |            |                  |                 |                     |  |                  |              |             |   |                  |                       |  |  |
| List three local credit references with their complete address (do not include personal references, oil companies, finance companies, utilities, or financial institutions).   |                        |              |            |                  |                 |                     |  |                  |              |             |   |                  |                       |  |  |
| 1.   | Name                   | <u> </u>     | 0011       | ipamoo, mai      | ioo oompamoe    | s, amin             | <u>0, 01 111101</u>                            | ioiai            | Telephone N  |             |   |                  |                       |  |  |
|  | Address                |              |            |                  |                 |                     |  |                  | Fax Number   | r           |   |                  |                       |  |  |
| 2.   | 2. Name                |              |            |                  |                 |                     |  | Telephone Num    |              |             |   | ber              |                       |  |  |
| Address  |                        |              |            |                  |                 |                     | Fax Number                                     |                  |              |             |   |                  |                       |  |  |
| 3.   | Name                   | Telephone N  |            |                  |                 | Number              | umber  |                  |              |             |   |                  |                       |  |  |
|  | Address                |              | Fax Number |                  |                 |                     |  |                  |              |             |   |                  |                       |  |  |
| Has  | any business in which  | vou have bee | n invo     | olved ever decla | red bankruptcv? |                     |  |                  |              | ПП          | у П                                     |                  |                       |  |  |
| Have   | e you ever declared pe |              |            |                  |                 |                     | Yes No   |                  |              |             |   |                  |                       |  |  |
| I/We understand that your terms on service and parts are cash, but for our convenience, I/we hereby make application for a parts and service account with the understanding that PAYMENT IN FULL IS REQUIRED ON THE 15 <sup>TH</sup> OF THE MONTH FOLLOWING THE INVOICE DATE. ALL PACLEASE INVOICES ARE DUE IMMEDIATELY UPON RECEIPT OF INVOICE. Interest will be charged at 2% monthly or 24% annually on any past due portions. Peterbilt Manitoba Ltd. may use an outside agency to gather and verify credit information and reserves the right to lien all work done within our service department through the Garage Keepers Act of Manitoba. Peterbilt Manitoba Ltd. reserves the right to cancel the credit account if payment terms are not met. |                        |              |            |                  |                 |                     |  |                  |              |             |   |                  |                       |  |  |
| Applicant's Signature and Title  |                        |              |            |                  |                 |                     |  | Date             |              |             |   |                  |                       |  |  |