



Account Number:

Commercial Credit References: (please do not include Oil, financing Co's or Banks)

|          |        |      |         |
|----------|--------|------|---------|
| 1. Name: | Phone: | Fax: | e-mail: |
| 2. Name: | Phone: | Fax: | e-mail: |
| 3. Name: | Phone: | Fax: | e-mail: |
| 4. Name: | Phone: | Fax: | e-mail: |

If your company is exempt from paying Provincial Sales Tax (PST), please provide us with a copy of your Cab Card Registration and/or your Provincial Sales Tax Exempt No.

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#### COLLECTION AND USE OF CREDIT INFORMATION

We may use the information contained within to establish and serve you as our customer or when required and permitted by law. When you provide us with your credit information, we may use it to obtain information about you from third parties through the credit approval process. We may disclose information to lenders, credit bureaus or any person or corporation with whom we have or propose to have financial relations, this helps establish your credit history and support the credit process.

#### TERMS AND CONDITIONS

All invoices are to be paid in full within 30 days of invoice date. There are to be no deductions, holdbacks or offsets of any kind from the invoiced amount. Failure to comply will result in cancellation of credit privileges without notice.

Company Name:

Authorized Signature:

Name: \_\_\_\_\_ Title

Date:

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#### FOR OFFICE USE ONLY

Approving Officer:

Date:

Amount:

**FLEET BRAKE PARTS & SERVICE LTD.  
CREDIT DEPARTMENT  
FAX: (403) 279-8787**