

For credit approval, please complete and send to:  
 Maxim Truck & Trailer  
 1860 Brookside Blvd, Winnipeg, MB R3C 2E6  
 Email: [accountsreceivable@maximtruckandtrailer.com](mailto:accountsreceivable@maximtruckandtrailer.com)  
 Fax: 204 697-4231  
 Attn: Credit Department



TRUCK & TRAILER

## CREDIT APPLICATION

### Owner Information

Full Name (including middle initial)	Title	Birth Date:	S.I.N #
Home Address	City	Province	Postal Code
Phone#	Cell#	Email Address	

### Company Information

Company Name (Full Legal Name)	Phone #	Fax #
Billing Address	City	Province
Postal Code	Years in Business	PST# (provide CAB card/s copy)
GST/HST/QST#	Email Address	

### Employment Information

Name of Current Employer: (check one)	Owner/Operator	Driver	Other	Monthly Gross Salary
Employer Address	City	Province	Postal Code	
How many years with current employer?	Previous employer if less than 1 year:			

### Banking Information

Bank Name	Account Number	Branch
Address	City	Province
Postal Code	Phone #	Fax#
Have you or your company/employer ever been bankrupt?	Yes	No
Are company financial statements available (required for all leases)?	Yes	No

### Supplier References (Please provide three)

Company Name	Phone#	Fax #
Company Name	Phone#	Fax #
Company Name	Phone#	Fax #

### Credit Request Information

Type of Credit Request: (Check all that apply)	Parts	Service	Rental and/or Lease
Maxim Branch Accounts: (Check all that apply)	Wpg Trucks Wpg Used Parts Calgary	Wpg Trailers Brandon Edmonton	Wpg Lowson Cres Saskatoon Montreal
Thunder Bay Regina Vancouver	Wpg Body Shop Prince Albert Tereck Diesel	Amount of Credit Required: \$	Are P/Os Required? Y N
Do You Require a Statement? Y N	Email Address	Accounts Payable Contact:	
Name of Representative Authorized to Make Changes:			

I understand that a consumer report containing credit and personal information about me may be obtained from a consumer reporting agency in connection with this application. I agree to Maxim Truck & Trailer obtaining such a report and authorize the company to investigate and secure additional information about me and or my company to other credit reporting agencies. I hereby authorize Maxim Truck & Trailer to obtain such credit information deemed necessary including banking information. I hereby make application for account privileges for my normal monthly purchases with the understanding that all charges for parts and service work are due 30 days from the invoice date. If not paid within 30 days, account privileges may be withdrawn and interest charged on the past due balance at the rate of 2.33% per month and 28% per annum will be charged to my account. All lease accounts are subject to lease contract terms. I agree to pay any collection costs incurred to collect the account balance, including reasonable attorney fees. Any legal action will take place in and under the laws of Manitoba. Maxim Truck & Trailer can cancel this charge account at any time without notice. I have read the terms and conditions stated above and agree to all of these terms and conditions.

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

Maxim Sales Representative: \_\_\_\_\_ Maxim Branch: \_\_\_\_\_