



Head Office: St-Nicolas, Lévis

KENWORTH QUÉBEC INC.

800, Chemin Olivier, Lévis, QC G7A 2N1

Tél: 418-831-2061 Fax: 418-831-4913

Branch: St-Georges de Beauce

KENWORTH BEAUCE

2953, 85e Rue, St-Georges, QC G6A 0C6

Tél: 418-227-5100 Fax: 418-227-5110

COMMERCIAL CREDIT APPLICATION

Full legal names : _____

Trades names (if different): _____

Address : _____

City: _____ Zip Code : _____

Phone: _____ Fax: _____ Cellular: _____

E-mail address: _____

Account payables contact name: _____ Phone: _____

Years in business: _____ Date of birth: _____

#Sin: _____ # Driver Licence: _____

Fleet size of trucks: _____ # Of Kenworth's : _____

GENERAL INFORMATION

Main contact for purchases: _____

Purchase order required: Yes No

Statement: Yes No

Purchase order format: _____

E-mail address: _____

Names of officers / directors

Title

1) _____

2) _____

3) _____

BANKING INFORMATION

Bank name: _____ Account no.: _____

Branch address: _____ City: _____

Zip Code: _____ Manager: _____ Phone: _____

Credit limit: _____ \$

Trades references: Please provide three references - mandatory.

	Names of supplier	City and Contact	Phone
1			
2			
3			

TERMS AND CONDITIONS

I accept the terms below and the general conditions :

I authorize I, the undersigned, authorize Kenworth Québec Inc. & Kenworth Beauce and its subsidiaries to verify my credit record and at any time obtain credit information about me from any credit bureau which is considered necessary in obtaining and maintaining the margin of credit

I accept Invoiced amounts shall be paid within 30 days of date of the invoices (the Due Date). Interest on any unpaid invoiced amount will be charged from the due date of the due payment (2% per month 26.8% per annual)

I accept The parties agree that this agreement is governed under the laws of the Province of Quebec and the parties elect domicile in the judiciaire District of Québec, Canada

I, the undersigned, certifies the above information to be true and correct. I confirm that I have read and understand the present agreement and will honour these commitments.

Signature: _____ Date: _____

Name and title / lower case letters: _____

Please return for approbation at: recevables@kenworthquebec.com or by fax au: 418-831-4913