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CREDIT APPLICATION AND AGREEMENT

BUSINESS INFORMATION

Check one: Proprietorship Partnership Limited Co. Corporation

Full Business Name: _____

Full Business Address: _____

Bus Phone: _____ Fax: _____ Cell: _____

City/Town: _____ Province: _____ Postal Code: _____

GST #: _____ PST #: _____ Email: _____

Type of Business: Trucking Repair Shop Other Specify: _____ # of Trucks: _____

Name & Title of each senior partner: _____

INDIVIDUAL INFORMATION

Name: Last _____ First _____ Middle _____ Marital Status _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Home Phone: _____ Fax: _____ Cell: _____

SIN: _____ Birthdate: YR _____ MO _____ DAY _____

BANKING INFORMATION

Name of Bank: _____ Contact: _____

Address: _____

Transit/Account No: _____ Phone: _____

TRADE REFERENCES (Suppliers)

Company Name, Address, Contact, Phone #, Fax #

1. _____
2. _____
3. _____

INFORMATION DISCLOSURE

I agree that Diamond may obtain and exchange all credit information it has about me with its branches, affiliates and agents and with any credit reporting agency, credit bureau, person or corporation with whom I have or may have financial relations or supplier of services as it may relate to this account. This consent is valid where the use of my personal information is necessary to assist Diamond in:

1. Making a decision about the application and 2. Monitoring, evaluating and collecting the account.

CREDIT AGREEMENT

- The Customer agrees that all charges for parts and services provided are to be paid by the 30th day from the date of invoice and are subject to service charges at the rate of 2.0% per month (24% per annum) for all overdue payments.
 - The Customer further agrees to pay all charges made to the Account for purchases, authorized or unauthorized, by any person in the employment of the Customer.
 - In the event of an NSF cheque, fee will be charged up to a maximum of \$75.00
 - The Customer acknowledges it has received a signed copy of this Credit Application and Agreement.
- Are purchase orders required by your business: Yes No

Authorized signature of customer: _____ Date: _____

Submit completed form and copies to ar@dit.ca