



CREDIT APPLICATION

COMPANY NAME: _____

NUMBER OF VEHICLES IN FLEET: _____

BILLING ADDRESS: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

OWNER(S) NAME: _____

BANK/BRANCH: _____

ADDRESS: _____

GST #: _____

TRADE ACCOUNT REFERENCES:

1.) NAME: _____

PHONE: _____ FAX: _____

2.) NAME: _____

PHONE: _____ FAX: _____

3.) NAME: _____

PHONE: _____ FAX: _____

SHOULD A CREDIT AVAILABILITY BE GRANTED, ALL DECISIONS WITH RESPECT TO THE EXTENSION OR CONTINUATION OF CREDIT SHALL BE AT THE SOLE DISCRETION OF LUBEXX ENTERPRISES LTD., AND CREDIT PRIVILEGES MAY BE TERMINATED AT ANY TIME WITHOUT NOTICE.

THE UNDERSIGNED HEREBY AUTHORIZES SUCH THIRD PARTIES TO ANSWER QUESTIONS REGARDING THEIR CREDIT EXPERIENCE WITH THE UNDERSIGNED.

PRINT NAME: _____ SIGNATURE: _____

DATE: _____