



COMMERCIAL CREDIT APPLICATION

| | | | | |
|--------------------------|-------|--------------|----------------|-------------|
| COMPANY NAME | | DATE | TELEPHONE | FAX |
| ADDRESS | | CITY | PROVINCE | POSTAL CODE |
| PRINCIPAL CONTACT PERSON | TITLE | CELL PHONE # | WORK EXTENSION | |
| BILLING ADDRESS | | CITY | PROVINCE | POSTAL CODE |

INSURANCE INFORMATION

| | | | | | | | |
|---|---------|---|-----------|--|-------------------|---------------------|----------------|
| WILL INSURANCE BE FURNISHED? YES NO | | TYPE OF INSURANCE COVERAGE LIMITS _____ POLICY # _____ LIABILITY\$ _____ | | | EXPIRY DATE _____ | DED COLLISION _____ | DED COMP _____ |
| INSURANCE COMPANY | ADDRESS | CITY | PROV | | | | |
| NAME OF AGENT | ADDRESS | CITY | TELEPHONE | | | | |

-a completed insurance verification form (provided) along with a copy of your insurance policy confirming that your coverage will apply to our vehicles is required to waive our insurance coverage

CREDIT INFORMATION

| | | | |
|---------------------------|----------------------|---|-------------|
| TYPE OF BUSINESS | HOW LONG IN BUSINESS | CREDIT AMOUNT REQUESTED \$ _____ PER MONTH | |
| CREDIT CARD NUMBER | EXPIRY DAY | NAME ON CARD | |
| PRINCIPAL COMMERCIAL BANK | ACCOUNT NUMBER | CONTACT BANK OFFICER | |
| ADDRESS | CITY | PROVINCE | POSTAL CODE |

TRADE REFERENCES

| | | | |
|--------------|--------------|-----------|-------------|
| COMPANY NAME | CONTACT NAME | TELEPHONE | |
| ADDRESS | CITY | PROVINCE | POSTAL CODE |
| COMPANY NAME | CONTACT NAME | TELEPHONE | |
| ADDRESS | CITY | PROVINCE | POSTAL CODE |
| COMPANY NAME | CONTACT NAME | TELEPHONE | |
| ADDRESS | CITY | PROVINCE | POSTAL CODE |

THE COMPANY HEREBY AUTHORIZES JAMIESON CAR AND TRUCK RENTAL TO VERIFY ALL THE INFORMATION STATED ABOVE AND CONSENT TO A CREDIT INVESTIGATION AND TO THE EXCHANGE OF CREDIT INFORMATION. UPON APPROVAL OF THIS APPLICATION WE UNDERSTAND THAT THE TERMS ARE NET 30 DAYS. COMPANY AUTHORIZES JAMIESON CAR AND TRUCK RENTAL TO CONDUCT CREDIT INVESTIGATIONS FROM TIME TO TIME. COMPANY AGREES THAT THE INFORMATION IS ACCURATE.

| | | |
|---|-------|------|
| SIGNING AUTHORITY (I HAVE THE AUTHORITY TO BIND THE COMPANY) | TITLE | DATE |
|---|-------|------|