

LEWIS MOTOR SALES CREDIT APPLICATION FORM RETURN TO: sheilaboyd@lewismotorsinc.com

NORTH BAY 19 Hewitt Drive, Box 1257 North Bay, ON P1B 8Z4 OWEN SOUND 2100 16th Ave East Owen Sound, ON N4K 5R4 HEAD OFFICE BARRIE 76 Mapleview Drive West Barrie, ON L4N 9H6 (705) 728-3026 Fax: (705) 733-3807

COLLINGWOOD 40 South Service Road Collingwood, ON L9Y 5A7 NEWMARKET 22 Bales Drive Sharon, ON LOG 1V0

	17007720 3020 1 0	IX. (700) 700 0001	
COMPA	ANY / PERSO	ONAL INFORMAT	ION
COMPANY NAME		OWNERS NAME	
SIN#		DATE OF BIRTH	
ADDRESS		POSTAL CODE	
PHONE #		FAX#	
	BUSINESS II	NFORMATION	
TYPE OF BUSINESSS		YEARS IN BUSINES	ss
PRINCIPAL'S NAMES		ACCOUNTS PAYAB	BLE CONTACT
		CONTACT E-MAIL	
	BANK INF	ORMATION	
BANK ACCOUNT #			
ADDRESS	POSTAL CODE		
BANK PHONE #	BANK	FAX#	
TRADE REFERENCES (Pleas	se provide 3	suppliers & servi	ices only, not credit cards)
1.NAME	ADDRESS		
	PHONE #		FAX#
2. NAME	ADDRESS		
	PHONE #		FAX#
3. NAME	ADDRESS		
	PHONE #		FAX#
	ORDER IN	FORMATION	
PURCHASE ORDER REQUIRED YES NO		ESTIMATED MONTI	HLY PURCHASES
The information on this credit application is collected in accordance w SALES INC receives requests for credit information and the undersign I (we) hereby make application for account privileges for my (our) nor	ned authorizes th	ne release of such inform	nation as deemed appropriate by LEWIS MOTOR SALES INC.
if not paid by the 30 th of the month succeeding date of invoice, accour understand that if account privileges are revoked the company may u			
We (I) affirm that the information set forth is in all respects is true, acc approving credit to the undersigned and that no information has been hereby authorize LEWIS MOTOR SALES INC to obtain further inform	withheld which r	night affect the decision	of LEWIS MOTOR SALES INC. to approve the account. We (I)
DATE			APPROVED
SIGNED			DATE
Please complete, print, sign, date and return			LIMIT