

Berk's Intertruck Ltd.

CREDIT APPLICATION

☐ Head Office
2230 McCullough Road
Nanaimo, B.C. V9S 4M8
Phone (250) 758-5217
Fax (250) 758-1444

☐ Branch
2866 Roberts Road
Duncan, B.C. V9L 4T8
Phone (250) 748-5152
Fax (250) 748-6364

☐ Branch
4147 6th Avenue
Port Alberni, B.C. V9Y 4N1
Phone (250) 723-7394
Fax (250) 723-1100

☐ Branch
960A Henry Eng Place
Langford, B.C. V9B 6B2
Phone (250) 361-1662
Fax (250) 391-7844

APPLICANT INFORMATION

Name of Applicant					Phone ()	
Address					Fax ()	
City	Province	Postal Code	Social Insurance Number		Date Of Birth (mm-dd-yyyy)	
1. Owner Name (May be Same As Applicant if Individual)			% Owned	Title	Social Insurance Number	Date Of Birth
Address			City	Province	Postal Code	
2. Owner Name			% Owned	Title	Social Insurance Number	Date Of Birth
Address			City	Province	Postal Code	
Where do you operate:		Type of business:	Is business seasonal:		Have you previously been bankrupt:	
Purchase order # required?: Yes <input type="checkbox"/> No <input type="checkbox"/>		Current Fleet Size No. Trucks _____ Trailers _____	Anticipated monthly purchases: \$ _____		HST is filed: <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual	
Total Years in Business: ____ Years ____ months		Name of Accounts Payable Contact:		How long Owner-Operator: ____ years ____ months		Email Address:

CREDIT REFERENCES

Bank Name		Account Number	Contact	Phone
Equipment Finance Reference	Collateral	Account Number	Contact	Phone
Equipment Finance Reference	Collateral	Account Number	Contact	Phone
Major Supplier Reference		Goods Purchased	Contact	Phone
Major Supplier Reference		Goods Purchased	Contact	Phone

HAULING REFERENCES/ WORK SOURCES

1. Company Hauling For	Product Hauled	How Long?	Contact	Phone
2. Company Hauling For	Product Hauled	How Long?	Contact	Phone
Business Tax Number (Where applicable)	HST#	Berk's Office use: Account: _____ Credit Limit: _____		

"YOU" AND "YOUR" REFER TO THE "" APPLICANT" AND ANY "OWNER" NOTED ABOVE. BY SIGNING BELOW YOU CERTIFY THAT THE INFORMATION CONTAINED IN THIS CREDIT APPLICATION IS TRUE AND CORRECT AND AUTHORIZE BERK'S INTERTRUCK LTD. (THE "COMPANY") OR ENTITY TO WHOM THIS APPLICATION IS SUBMITTED AND ANY CREDIT BUREAU OR INVESTIGATIVE AGENCY TO INVESTIGATE THE INFORMATION HEREIN CONTAINED AND TO OBTAIN INFORMATION ABOUT YOUR ACCOUNTS AND CREDIT HISTORY. YOU AUTHORIZE ALL PARTIES CONTACTED TO RELEASE CREDIT AND FINANCIAL INFORMATION REQUESTED AS A PART OF OUR INVESTIGATION. THE COMPANY OR ENTITY TO WHOM THIS APPLICATION IS SUBMITTED MAY ALSO DISCLOSE INFORMATION ABOUT YOU TO OTHER FINANCIAL INSTITUTIONS, CREDIT BUREAUS AND ENTITIES AFFILIATED OR ASSOCIATED WITH THE COMPANY. THIS SHALL BE CONTINUING AUTHORIZATION FOR ALL PRESENT AND FUTURE INQUIRIES AND DISCLOSURES OF ACCOUNT INFORMATION AND CREDIT HISTORY BY THE COMPANY OR BY THE ENTITY TO WHOM THIS APPLICATION IS SUBMITTED OR ANY PERSON REQUESTED TO RELEASE SUCH INFORMATION. I/WE ACKNOWLEDGE THAT PERSONAL INFORMATION HAS BEEN COLLECTED AS DEFINED BY THE PERSONAL INFORMATION PROTECTION AND ELECTRONIC DOCUMENTS ACT OR OTHER LEGISLATION. I/WE CONSENT TO THE USE OF THIS INFORMATION FOR THE PURPOSES DESCRIBED IN BERK'S INTERTRUCK LTD PRIVACY POLICY, A COPY OF WHICH WE HEREBY ACKNOWLEDGE BEING RECEIVED BY US.

I/WE UNDERSTAND THAT LABOUR AND REPAIR PARTS SUPPLIED TO YOU ARE ON A CASH BASIS BUT FOR MY CONVENIENCE, I/WE MAKE APPLICATION FOR OPEN ACCOUNT PRIVILEGES WITH YOUR COMPANY WITH THE UNDERSTANDING THAT ALL BILLS ARE TO BE PAID NO LATER THAT THE 15TH OF THE MONTH SUCCEEDING DATE OF INVOICE, AFTER WHICH TIME I/WE AGREE TO PAY 2% PAST DUE INTEREST PER MONTH ON MY/OUR ACCOUNT.

SIGNED _____ NAME _____ TITLE _____ DATE _____

SIGNED _____ NAME _____ TITLE _____ DATE _____

I/WE HEREBY PERSONALLY GUARANTEE PAYMENT TO BERK'S INTERTRUCK LTD. FOR DEBTS OWING BY THE ABOVE APPLICANT FOR GOODS DELIVERED, SERVICES RENDERED, AND INTEREST ACCRUED ON PAST DUE AMOUNTS. UPON DEFAULT BY APPLICANT ALL AMOUNTS OWING WILL BE DUE PAYABLE BY ME/US, WITHOUT NOTICE.

SIGNED _____ NAME _____ TITLE _____ DATE _____

SIGNED _____ NAME _____ TITLE _____ DATE _____

LIABILITIES (What is Owed)

Cash On Hand		Value	Accounts Payable (Include Credit Cards, Fuel Bills, Etc.)	Amount Owed
Bank	City/Province.	Acct. No.	Company City, Province. Acct. No. Phone No.	
Accounts Receivable (List Who From)				
Real Estate (Describe):			Financed By:	
Address:			Name	
Address:			City	
Address:			Province.	
			Contact	
			Phone No.	
			Pmt. Amt.	
Truck Owned (Describe):				
Trailers Owned (Describe):				
Other Equipment (Describe):				
Other Assets (Describe):				
TOTAL ASSETS \$				TOTAL LIABILITIES \$

Have You Filed Bankruptcy in Last 10 Years Yes___ No___ If So When_____

Any Write-offs Or Judgments Yes___ No___ If so explain below

TOTAL LIABILITIES \$

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Credit Department Use Only

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Account # _____ Credit Limit \$ _____
 Open Item ☐ Approved By _____
 Balance Forward ☐ Date Approved _____
 Posted ☐ Posted By _____
 Date Posted _____