

Cookstown Auto Centre Ltd.
5046 5th Sideroad, R.R. #3
Cookstown, ON. L0L 1L0
Phone: 705-458-4366
Fax: 705-458-1656

CREDIT APPLICATION

Company Name: _____ # years in
Business: _____

Mailing address: _____ City: _____ Prov: _____

Street address: _____ Telephone: _____

Name of Owner: _____

Home address and Telephone: _____

Name of Bank: _____

Bank Address & Telephone: _____

Please list names and addresses of three companies that extend you credit.

Name: _____ Address: _____

Contact: _____ Telephone: _____

Name: _____ Address: _____

Contact: _____ Telephone: _____

Name: _____ Address: _____

Contact: _____ Telephone: _____

Terms are net 30 days. A \$20.00 charge will apply for all NSF cheques.

By signing this application, applicant personally guarantees payment of any debt incurred by company.

**Date
Applicant**

Signature of