



Return Via Fax:
519-737-9849
Attn: Credit Department

CREDIT APPLICATION

Year Bus. Started: _____ <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation

Legal Name/Parent Company: _____

Trade Name: _____

Type of Business: _____

Billing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ E-Mail: _____

Tax Exempt? _____ **If yes, please attach Tax Exemption Form. (Otherwise, tax will be billed.)**

Accounts Payable Contact Name: _____

Bank Reference: _____ Telephone: _____

Account: _____ Contact: _____

Principals:

Name	Title	Address

Applicant's Principal Suppliers/Vendors - **Please fill out in full:**

Vendor Name	Account Number	Phone Number	Fax Number

In support of this application, **Lift Services Inc.** is hereby authorized to obtain information from our banks and other firms with whom we do business. Upon approval of this application, it is agreed that all purchases will be paid in full and in accordance with the terms of the rental contract as specified on the **Lift Services Inc.** invoices. Upon provision of a valid insurance certificate, **Lift Services Inc.** will forgo the otherwise standard **14% rental damage waiver** fee.

Returned cheque policy: Cheques returned by applicant's bank will be charged a service fee of \$25.00

Applicant has executed this Business Credit Application and Business Credit Agreement on this _____ day of _____, 200__.

Signature: _____ Title: _____

LIFT SERVICES INC.
 2000 North Talbot Road, RR #1 Windsor ON N9A 6J3
 Tel: 519-737-9848 Fax: 519-737-9849
 Toll Free: 1-866-606-5438 (LIFT)