



**PACIFIC REMAN CENTRE**  
A Division of Vulcan Automotive Equipment Ltd.



**APPLICATION FOR CREDIT**

PLEASE PRINT

COMPANY NAME		
ADDRESS		
CITY	PROVINCE	POSTAL CODE
SWITCHBOARD PHONE #		PARTS PHONE #
PARTS FAX #		EMAIL
GST #		PST #
DEALER PRINCIPAL		
PARTS MANAGER		
SERVICE MANAGER		
ACCOUNTS PAYABLE CONTACT		
YEARS IN OPERATION		IS PURCHASE ORDER REQUIRED?
FRIEGHT CARRIERS PREFERRED		WARRANTY LABOUR RATE
COMPANY BANK		PHONE #
<b>CREDIT REFERENCES</b>		
1.	ADDRESS	PHONE # FAX#
2.	ADDRESS	PHONE # FAX#
3.	ADDRESS	PHONE # FAX#
<b>PLEASE NOTE OUR TERMS ARE NET 20 DAYS</b>		
We hereby authorize you to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account.		
Signed	Position	Date

**AFTER COMPLETING PLEASE FAX TO: 604-526-7331**  
**Attn. Kathy Shaw**