BCDR MECHANICAL REPAIR SERVICES CO. INC. SITE 414 BOX 2 RR4 SASKATOON, SASKATCHEWAN

S7K 3J7

Truck and Trailer Fleet Repair

www.bcdrmechanical.	<u>com</u>	
Credit Application avai	lable online	
Date Submitted:		_
Requested by:		_
Legal Name of Compar	ny: This must be provided	d at time of Application
		
Customers Full Name a	and Address: This must be	e provided at time of Application
LAST NAME:	FI	IRST NAME:
Box #		
Street Address		
City		
P/O Required: Yes	_No	
Office #	Fax#	
Please list two Credit R	eferences(Excluding Fue	l Company's)
1) Company Name:		
Contact Name:		
Phone#		

All First Time Customers must pay for completed service before Equipment leaves BCDR Mechanical Yard or Job Site 2% Monthly Interest, all invoices over 30 days

25% Interest Charges sent to Collections Agency Plus Interest

2) Company Name:_____

Phone#_____Fax#

Contact Name:_____

Require Credit Card Information as a Security Deposit before Work is to be completed.

Amount of Invoice will be process thru Credit Card at the time of 30 days.

C	Lustomers First and Last I	Name: Print
	Customer Signature	2

Thank You, We appreciate the opportunity to work with you and your company.