



Milestone Tire Canada Corp.

38 Metropolitan Road, Scarborough, Ontario, M1R 2T6
Tel: (416) - 291- 5588 Fax: (416) - 291- 4843

APPLICATION FOR CREDIT WITH GUARANTEES

Legal Name of Business: _____

Trade Name (if different from above): _____

Address: _____ City: _____ Post Code: _____

Tel: _____ Business Number: _____

Number of year(s) in business at "present" location: _____ Year(s) _____ Month(s)

Is business location _____ owned or rented?

If rented, Name of landlord: _____ Tel: _____

Business is: Proprietorship _____ Partnership _____ Corporation _____

Principal Owner/Shareholder: Name: _____

Home Address: _____ City: _____ Post Code: _____

Home Phone: _____ S.I.N#: _____ D.O.B: _____

Bank Information: Name of Bank: _____

Account #: _____

Credit Card Number: _____ -- _____ -- _____ -- _____ Expire Date: ____/____ (mm/yy)

Major Trade Reference:

1. Name: _____ TEL: _____

Address: _____

2. Name: _____ TEL: _____

Address: _____

3. Name: _____ TEL: _____

Address: _____

Milestone Tire Canada Corp. Charge Account Conditions.

I. Monthly Account: Payment in full is due within 30 days of statement date;

II. If account is nit paid within this time limit, a service charge of 2% per month will be added;

III. In addition, delinquent account forfeits open charge account privileges and revert to C.O.D status.

I, _____, undersigned, understand and accept the above conditions and personally will guarantee payment of all charges made as a result of this application.

Dated _____ this day of _____ 20____

Name of Guarantor: First Name: _____ Middle Name: _____ Last Name: _____

Signature of Guarantor: _____