



**Joe Johnson
Equipment**

Subsidiary of Federal Signal Corporation

CREDIT APPLICATION

**SALES - NEW & USED EQUIPMENT *RENTALS - NEW & USED EQUIPMENT * PARTS & SERVICE*

GENERAL INFORMATION

Legal Company Name _____

Affiliated Company (if any) _____

Telephone (____) _____ Fax (____) _____ Email _____

Mailing Address _____

City _____ Prov. _____ Postal Code _____

Physical Address (if different from above) _____

City _____ Prov. _____ Postal Code _____

BUSINESS INFORMATION

What line of business are you in? _____

No. of years _____ Legal form of business: _____ Proprietorship _____ Partnership _____ Corporation

If company is a subsidiary please provide name of parent company:

Do you require POs? _____ Yes _____ No

Person(s) authorized to purchase:

1. _____ 2. _____ 3. _____

GST # _____ PST # _____

Exemption Certificate # _____ (please include a copy with submission)

OWNERSHIP DETAILS

Principal Owner / Shareholder _____

Title _____ Phone (____) _____ Email _____

Accounts Payable _____ Phone (____) _____ Email _____

Alternate Contact Responsible for this account _____

Telephone (____) _____ Fax (____) _____ Email _____

Do you require statements? _____ Yes _____ No

If yes, we prefer our statements _____ Mailed _____ Emailed; Email address _____

OUR TERMS OF BUSINESS: NET 30 DAYS CREDIT LIMIT REQUESTED \$ _____

What are you interested in purchasing? _____ Parts _____ Service _____ Units

BANK INFORMATION

Name of Bank _____ Transit _____ Account Number _____

Address _____ Account Manager _____

Telephone (____) _____ Fax (____) _____

TRADE REFERENCES

1. Supplier _____ Contact _____ Account # _____

Telephone (____) _____ Fax (____) _____ Email _____

2. Supplier _____ Contact _____ Account # _____

Telephone (____) _____ Fax (____) _____ Email _____

3. Supplier _____ Contact _____ Account # _____

Telephone (____) _____ Fax (____) _____ Email _____

4. Supplier _____ Contact _____ Account # _____

Telephone (____) _____ Fax (____) _____ Email _____

TERMS AND CONDITIONS

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY TO FACILITATE PROCESSING. **TERMS: NET 30 DAYS**

___ WE / I GIVE, FST CANADA, DBA JOE JOHNSON EQUIPMENT, A SUBSIDIARY OF FEDERAL SIGNAL CORPORATION AUTHORIZATION TO OBTAIN AND REPORT BUSINESS INFORMATION AND PERSONAL CREDIT INFORMATION ON THE PRINCIPLES OF THIS COMPANY INCLUDING DETAILED BANK REPORTS THROUGH THE SERVICES OF A CREDIT BUREAU FOR THE PURPOSE OF OPENING THIS ACCOUNT AND MONITORING IT FOR THIS BUSINESS RELATIONSHIP

___ WE / I AUTHORIZE THE EXCHANGE OF BUSINESS AND PERSONAL INFORMATION ON AN ONGOING BASIS WITH CREDIT BUREAUS AND TRADE SUPPLIERS IN ORDER TO PROTECT AND ENSURE THE COMPLETENESS OF THE INFORMATION AND TO MAINTAIN THE INTEGRITY OF THIS CREDIT GRANTING SYSTEM

___ WE / I AUTHORIZE THE CO-CORPORATION WITH LOCAL PROVINCIAL AND NATIONAL AUTHORITIES IN THE INVESTIGATION OF UNLAWFUL OR IMPROPER ACTIVITIES IN ORDER TO PROTECT BOTH FROM FRAUDULENT TRANSACTIONS

___ 2 % PER MONTH AND 24 % PER ANNUM INTEREST ON ALL PAST DUE 30 DAY ACCOUNTS

___ JOE JOHNSON EQUIPMENT IS NOT LIABLE FOR INJURY OR DAMAGES CAUSED TO TRUCKS, CONTENTS, PRODUCT CARGO OR PERSON BY REASON OF THE INSTALLATION, USE OF MECHANICAL FAILURE OF ANY JOE JOHNSON EQUIPMENT PRODUCT OR OTHERWISE OR SPECIAL, INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES

PRINTED NAME _____ AUTHORIZED SIGNATURE _____

TITLE _____ DATE _____