



8600 Escarpment Way, Milton, ON L9T 0M1

CREDIT APPLICATION
PHONE: 905-693-0699 FAX: 905-693-4180

INVOICING INFORMATION:

Full company registered name: _____ Company trade name: _____

Billing address: _____

Phone #: _____ Fax #: _____

Name of principal: _____

A/P contact: _____ A/P email: _____

What is required with invoice: BOL# _____ PO# _____ POD _____ N/A _____

Accept invoices by email: No _____ Yes _____ Email if yes _____

TYPE OF BUSINESS: Corporation Partnership Proprietorship

Date of commencement or incorporation: _____ Credit limit requested: _____

BANK REFERENCE: Branch: _____

Manager: _____ Account #: _____ Phone #: _____

TRADE REFERENCES: (one transportation company and two trades)

- | Name of Business | Address | City | Province/State |
|------------------|------------|--------------|----------------|
| 1. _____ | _____ | _____ | _____ |
| Phone: _____ | Fax: _____ | Email: _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| Phone: _____ | Fax: _____ | Email: _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| Phone: _____ | Fax: _____ | Email: _____ | _____ |

The applicant agrees that all information shown here is true and acknowledges that all accounts are due and will be paid within 15 days of invoice date, or whereby past due accounts are subject to suspension of credit privileges and interest charges.

Signature of applicant: _____ Title: _____ Date: _____

Sales representative #:

Approved by: _____
Accounts Receivable