



Montreal: (514) 664-5455
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CREDIT APPLICATION

Req. payment terms: Days Initials: Date:

INVOICING INFORMATION:

SHIPPING INFORMATION:

Full company registered name:

Company trade name:

Billing address:

Shipping address:

Phone #

Phone #

Fax #

Fax #

Payables name / phone / email:

TYPE OF BUSINESS: Corporation: Partnership: Proprietorship:

Date incorporated:

BANK REFERENCE: Branch:

Account Manager: Account #

Phone # Fax #

TRADE REFERENCES (at least one transportation company)

Table with 3 columns: Name of business, Address / City, Phone #. Rows 1), 2), 3)

CREDIT LIMIT REQUESTED:

Receive invoices by: Mail ( ) Email ( ) Email add.:

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

Applicant Signature: Title: