



APPLICATION FOR CREDIT ACCOUNT

COMPANY NAME:		
ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
TELEPHONE:	FAX:	WEBSITE:

BILLING ADDRESS:		
ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:

PAYABLES CONTACT NAME:
PAYABLES EMAIL ADDRESS (PDF OF INVOICES):
PAYABLES PHONE NUMBER:

HAS YOUR COMPANY USED OUR SERVICE IN THE PAST?		
TYPE OF BUSINESS:		NUMBER OF YEARS IN BUSINESS:
BUSINESS PRINCIPAL	NAME:	TITLE:
BUSINESS PRINCIPAL	NAME:	TITLE:

TRADE REFERENCES:	
1) NAME:	CONTACT:
TELEPHONE:	EMAIL OR FAX:
2) NAME:	CONTACT:
TELEPHONE:	EMAIL OR FAX:
3) NAME:	CONTACT:
TELEPHONE:	EMAIL OR FAX:

BANK REFERENCE:		
BANK NAME:	ACCOUNT NUMBER:	
ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
CONTACT:	TELEPHONE:	FAX:

I (we) understand that freight bills are due and payable within 30 days from date of billing. Interest will be charged on account balances over 30 days at the rate of 2% per month. In connection with my application for credit I (we) hereby consent that a credit investigation be conducted.		
SIGNED: _____	TITLE _____	DATE _____

