



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