



## **CREDIT APPLICATION**

Name	Date
Address	NEQ
City	Phone #
Postal Code Pro	vince Fax #
Name	es and titles of administrators
Name	Title
Name	Title
Name	Title
Accounts payables contact	
Email address	
Number of years in business	Type of company
Provincial tax #	Federal tax #
Are you a carrier or a logistics broker fo	
	Bank information
Name of bank	Phone #
Marile of Barik	
	Fax #
Account #	Fax #
Account #	
Account #  Transit #	Suppliers
Account #  Transit #	
Account #  Transit #  Name	Suppliers
Account #  Transit #  Name  Phone #	Suppliers  Email
Account #  Transit #  Name  Phone #  Name	Suppliers  Email  Fax #
Account #  Transit #  Name  Phone #  Name  Phone #	Suppliers  Email  Fax #  Email
Account #  Transit #  Name Phone #	Suppliers  Email  Fax #  Email  Fax #

Authorized signature: \_\_\_\_\_ Date \_\_\_\_