

Credit Application

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE/STATE: _____ POSTAL/ZIP CODE: _____

OWNER: _____

PHONE: _____ FAX: _____

A/P CONTACT: _____ PST EXEMPT #: _____

BILLING ADDRESS: _____

EMAIL ADDRESS: _____

WEB SITE: _____

NATURE OF BUSINESS: _____ # OF YEARS: _____

BANK NAME: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ PROVINCE/STATE: _____

(NOTE: OUR TERMS ARE 30 DAYS)

Continued on next page





TRANSPORTATION SOLUTIONS

7419 McLean Road W.
Puslinch, ON N0B 2J0

Phone: 519-767-2772
Fax: 519-767-2675
Toll Free: 1-800-463-1475

CREDIT REFERENCES:

REFERENCE #1: _____ CONTACT: _____

PHONE: _____ FAX: _____

REFERENCE #2: _____ CONTACT: _____

PHONE: _____ FAX: _____

REFERENCE #3: _____ CONTACT: _____

PHONE: _____ FAX: _____

FORM INFORMATION PROVIDED BY: _____

SIGNATURE: _____ TITLE: _____

