



CREDIT APPLICATION

COMPANY NAME \_\_\_\_\_ ATTN: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE/STATE \_\_\_\_\_

POSTAL/ZIP CODE \_\_\_\_\_ GST REGISTRATION # \_\_\_\_\_

BUSINESS TELEPHONE \_\_\_\_\_ BUSINESS FAX \_\_\_\_\_

ESTABLISHED SINCE \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

COMPANY OWNER \_\_\_\_\_ TELEPHONE \_\_\_\_\_

BANK NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

BANK CONTACT \_\_\_\_\_ TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ TRANSIT NUMBER \_\_\_\_\_

PST EXEMPTION NUMBER \_\_\_\_\_ PROVINCIAL TAX LICENSE \_\_\_\_\_

CREDIT REQUIRED \_\_\_\_\_ ACCOUNTS PAYABLE CONTACT \_\_\_\_\_

SOLE PROPRIETORSHIP  PARTNERSHIP  INCORPORATION

CREDIT REFERENCES (two names of present or previous carriers used ) TRADE REFERENCES

COMPANY NAME ADDRESS PHONE FAX CONTACT

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

BUSINESSS INFORMATION PREMISES OWNED  RENTED

I/We agree to pay invoices on a net 30 days basis.

I/We understand a service charge of 1.5 % per month ( 18 % per annum) is applicable on overdue accounts.

I /We understand that if the above terms/conditions are not met,the account will be placed on a C.O.D. basis.

I/We hereby certify that the information given above is both true and correct.

I/We hereby consent to the obtaining of such information as Fortigo Freight Services Inc. or their agents may require at any time in connection with this application and to the disclosure of any credit information concerning the individual/company to any credit reporting agency or any person with whom the above individual/company has, or proposes to have, financial relations.

I/We have read and agree to comply with the above terms and conditions.

NAME of COMPANY OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PLEASE COMPLETE AND FAX BACK TO 416 367-8400