



CREDIT APPLICATION

Head Office:

627 Lyons Lane, Suite 403
Oakville, Ontario
L6J 5Z7
Tele: (905) 339-3889 Fax: (905) 339-2936

COMPANY NAME _____

ADDRESS _____

CITY _____ PROV/STATE _____ POSTAL/ZIP CODE _____

TELEPHONE _____ FAX _____

TYPE OF BUSINESS _____

DATE OF INCORPORATION OR NUMBER OF YEARS IN BUSINESS _____

OWNER (S) PRINCIPALS (1) _____

OWNER (S) PRINCIPALS (2) _____

OWNER (S) PRINCIPALS (3) _____

BILLING ADDRESS _____

CITY _____ PROV/STATE _____ POSTAL/ZIP CODE _____

TELEPHONE _____ FAX _____

BANK INFORMATION

NAME _____ ACCOUNT NUMBER _____

ADDRESS _____

POSTAL/ZIP CODE _____ TELEPHONE _____ FAX _____

TRADE REFERENCES

NAME _____ TELEPHONE _____

NAME _____ TELEPHONE _____

NAME _____ TELEPHONE _____

AMOUNT OF CREDIT REQUIRED (MONTHLY) - _____ **P.O.D.'S REQUIRED** _____

Payment terms are 10 days from the date of invoice. In case of any questions as to condition, loss, shortage, bills shall be paid as rendered and claims presented for same. The undersigned requests that an account be opened in accordance with the terms and conditions of Mutual Transportation Services Inc., and hereby consent that a Mutual Transportation Representative conduct and/ or cause to be conducted a credit investigation.

NAME _____ TITLE _____

SIGNATURE _____ DATE _____