

CREDIT REQUEST APPLICATION



Execute and Return to:

131 East Drive
Brampton ON L6T 1B5
Phone 905-463-0936
Fax 905-463-0937

COMPANY NAME & HEADQUARTERS ADDRESS

Attention: **Accounts Payable**

LEGAL NAME OF COMPANY REQUESTING CREDIT	PHONE #
TRADE NAME (IF ANY)	FAX #
COMPLETE MAILING ADDRESS	

BILLING ADDRESS (IF DIFFERENT FROM ABOVE)

COMPLETE MAILING ADDRESS	PHONE #
	FAX #

INVOICING REQUIREMENTS

PLEASE NOTE ANY DOCUMENTATION REQUIRED TO PROCESS INVOICING	

PAYABLE INFORMATION

CONTACT NAME	CONTACT TITLE	PHONE #
EMAIL ADDRESS(ES)		FAX #

OTHER COMPANY INFORMATION

FORM OF BUSINESS	<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	DATE OF INCORPORATION	GST REGISTRATION #
	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> OTHER		
NUMBER OF EMPLOYEES	CARRIER	<input type="checkbox"/> YES	GST ZERO RATED	<input type="checkbox"/> YES
		<input type="checkbox"/> NO		<input type="checkbox"/> NO

BANK REFERENCE

BANK NAME & COMPLETE ADDRESS	PHONE #
ACCOUNT NO. & TRANSIT NO.	BANK CONTACT
CONTACT TITLE	

TRADE REFERENCES (INCLUDE AT LEAST ONE TRANSPORTATION OR WAREHOUSING COMPANY)

TRADE REFERENCE NAME	ADDRESS	PHONE AND FAX

****IF HST/GST EXEMPT** (please circle) Yes No**

I hereby authorize Action Force Transport Ltd. to investigate the references listed pertaining to credit and financial responsibility of the company requesting credit and agree that payment of freight or miscellaneous charges will not be reduced or withheld because of claims against the carrier. Each is to be settled on its own merit and will not be offset against accounts payable.

SIGNATURE - AUTHORIZED SIGNING OFFICER

TITLE

DATE

SIGNATURE NAME (PLEASE PRINT OR TYPE)