

CREDIT APPLICATION

1201 CREDITSTONE ROAD, CONCORD, ON, L4K 0C2 PH. 416-798-4965

LEGAL BUSINESS NAME:	JSINESS INFORMATION PHONE#:
TRADE NAME/OPERATING AS:	
COMPLETE SHIPPING ADDRESS:	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE):	
PHONE#:	
YEAR CURRENT BUSINESS STARTED:	YEAR CURRENT OWNERSHIP STARTED:
TYPE OF OWNERSHIP: CORPORATION PARTNERSH	IP PROPRIETORSHIP LIMITED OTHER
NATURE OF BUSINESS:	CREDIT REQUIRED: /MONTH
D-U-N-S NUMBER: TAX EXEMPT:	YES NO IF YES, PLEASE PROVIDE GST/HST#:
DOES YOUR COMPANY HAVE A WEBSITE YES NO	F YES, PLEASE SPECIFY:
DOES YOUR COMPANY BELONG TO ANY PROFESSIONAL ASSOCIATION? YES NO IF YES, PLEASE SPECIFY:	
CONTACT INFORMATION	
A/P CONTACT NAME:	EMAIL:
PHONE #:	HOW SHOULD WE SEND INVOICES: EDI EMAIL
INVOICING EMAIL (IF DIFFERENT FROM A/P):	
PRINCIPLE(S) / OFFICERS(S):	
NAME (FIRST & LAST)	NAME (FIRST & LAST)
TITLE:	TITLE:
EMAIL:	EMAIL:
BANKING INFORMATION	
BANK NAME:	ACCOUNT#: TRANSIT#:
BANK NAME: ADDRESS: BANK REPRESENTATIVE/RELATIONSHIP MANAGER: (Please contact your local branch)	ACCOUNT#: TRANSIT#:
BANK NAME: ADDRESS: BANK REPRESENTATIVE/RELATIONSHIP MANAGER:	ACCOUNT#: TRANSIT#: PHONE#:
BANK NAME: ADDRESS: BANK REPRESENTATIVE/RELATIONSHIP MANAGER: (Please contact your local branch)	ACCOUNT#: TRANSIT#:
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COMPLETE & EMAIL TO: TORONTO ACCOUNTS RECEIVABLE DEPT AT TORAR@VITRAN.COM