



CREDIT APPLICATION

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

BUSINESS INFORMATION

LEGAL BUSINESS NAME:		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	PARTNERSHIP PROPRIETORSHIP LIMITED OTHER
NATURE OF BUSINESS:	CREDIT REQUIRED:	/MONTH
D-U-N-S NUMBER:		
DOES YOUR COMPANY HAVE A WEBSITE YES NO IF 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
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#:
ADDRESS:	PHONE#:	
BANK REPRESENTATIVE/RELATIONSHIP MANAGER: <i>(Please contact your local branch)</i>		
BANK CONTACT EMAIL:		

CREDIT REFERENCES

COMPANY NAME:	PHONE #:
CONTACT:	EMAIL:
COMPANY NAME:	PHONE #:
CONTACT:	EMAIL:
COMPANY NAME:	PHONE #:
CONTACT:	EMAIL:

TERMS OF CREDIT

THE APPLICANT AGREES TO THE TERMS OF NET 30 DAYS FROM DATE OF INVOICE AND NO MONTHLY STATEMENT WILL BE ISSUED.
 OVER DUE ACCOUNTS ARE SUBJECT TO 2% INTEREST PER MONTH (24% ANNUALLY).
 ALL FREIGHT CHARGES MUST BE PAID BEFORE ANY CLAIMS CAN BE ACKNOWLEDGED. CLAIMS CAN NOT BE DEDUCTED FROM ACCOUNTS RECEIVABLE.
 THE APPLICANT GRANTS PERMISSION AND AUTHORIZES THEIR BANK, TO PROVIDE A DETAILED BANK REFERENCE TO VITRAN EXPRESS.
 THE APPLICANT AGREES TO REIMBURSE VITRAN FOR ALL REASONABLE FEES, INCLUDING LEGAL AND COLLECTION FEES, INCURRED IN THE COLLECTION OF ALL OUTSTANDING RECEIVABLES.

SIGNATURE: _____ TITLE: _____ DATE: _____

VITRAN COMPANY USE

APPLICATION APPROVED BY: _____	CREDIT LIMIT: _____	DATE: _____
ACCOUNT MANAGER: _____	ACCOUNT CODE: _____	

COMPLETE & EMAIL TO: TORONTO ACCOUNTS RECEIVABLE DEPT AT TORAR@VITRAN.COM