



**CREDIT APPLICATION**

**BUSINESS NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY / PROVINCE:** \_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_

**BILLING/MAILING ADDRESS:** \_\_\_\_\_

**CITY / PROVINCE:** \_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_

**PHONE NO:** \_\_\_\_\_

**FAX NO:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**WEBSITE:** \_\_\_\_\_

**COMPANY STRUCTURE:** \_\_\_\_\_

**OWNER / PRESIDENT:** \_\_\_\_\_

**TYPE OF BUSINESS:** \_\_\_\_\_

**ACCOUNTS PAYABLE:** \_\_\_\_\_

**BUSINESS BANK:** \_\_\_\_\_

**BANK ADDRESS:** \_\_\_\_\_

**BANK CONTACT:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**ACCOUNT: (USD)** \_\_\_\_\_ **ACCOUNT: (CAD)** \_\_\_\_\_

**CREDIT REFERENCES:**

**Company:**

**Contact:**

1. \_\_\_\_\_ Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

2. \_\_\_\_\_ Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

3. \_\_\_\_\_ Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

BY COMPLETION OF THIS APPLICATION, YOU ARE ALSO AUTHORIZED TO OBTAIN CREDIT REPORTS OF OTHER INFORMATION DEEMED NECESSARY IN CONNECTION WITH ESTABLISHMENT OF AN ACCOUNT.

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**NAME (PLEASE PRINT)** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**\*\*Credit application must be signed by an officer of the company in order to be valid\*\***

Please forward complete application to: Passport Cargo Inc. 3-2422 Dunwin Dr., Mississauga, ON L5L 1J9

Fax: (905) 607-1133 E-mail: invoice@passportcargo.com