

CREDIT APPLICATION

COMPANY NAME: _____

BILLING ADDRESS: _____

DELIVERY ADDRESS: _____
(IF DIFFERENT FROM BILLING ADDRESS) _____

EMAIL ADDRESS: _____

TELEPHONE # _____ FAX# _____

TYPE OF BUSINESS: _____ # YEARS IN BUSINESS: _____

NAME OF ACCOUNTS PAYABLE CONTACT: _____

BUSINESS / GST NUMBER: _____

NAMES OF PRINCIPALS (OR PARTNERS) :

1. _____ TELEPHONE: _____

2. _____ TELEPHONE: _____

3. _____ TELEPHONE: _____

CREDIT REFERENCES:

1. _____ TELEPHONE: _____

2. _____ TELEPHONE: _____

3. _____ TELEPHONE: _____

BANK NAME: _____ ACCT# _____

BRANCH: _____ CREDIT LIMIT APPLIED FOR \$ _____

TERMS: 2% PER MONTH ON OVERDUE ACCOUNTS. ALL SOLICITORS, COLLECTION AGENCIES OR OTHER FEES AND DISBURSEMENTS INCURRED BY TRILLIUM CUSTOMS BROKERS INC., IN COLLECTING ACCOUNTS 30 DAYS OR MORE PAS INVOICE DATE SHALL BE PAYABLE BY THE CUSTOMER. I /WE FULLY UNDERSTAND THAT THE INFORMATION GIVEN IS GIVEN FOR THE PURPOSE OF OBTAINING CREDIT AND HEREBY AUTHORIZE TRILLIUM CUSTOMS BROKERS INC, TO VERIFY ALL INFORMATION ON THIS APPLICATION AND AGREE TO THE ABOVE TERMS.

DATE: _____



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