| Credit Application | | | | | |
| --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | |
| Company Name:Click here to enter text. | | | | | |
| GST Number:Click here to enter text. | | Phone:Click here to enter text. | | | Fax:Click here to enter text. |
| Current address: | | | | | |
| City:Click here to enter text. | | Province:Choose an item. | Postal Code:Click here to enter text. | | |
| Owner:Click here to enter text. | | Years in Business:Click here to enter text. |  | | |
| Signing Officers:Click here to enter text. | | | | | |
| Accounts Payable Contact:Click here to enter text. | | | | | |
| Email Accounts Payable:Click here to enter text. | | | | | |
| BANKING INFORMATION | | | | | |
| Name of Bank:Click here to enter text. | | | | | |
| Address:Click here to enter text. | | |  | | |
| Account:Click here to enter text. | Phone:Click here to enter text. | | Fax:Click here to enter text. | | |
| TRADE REFERENCES (3 REQUIRED) | | | | | |
| Company Name:Click here to enter text. | | | | | |
| Address:Click here to enter text. | | Phone:Click here to enter text. | | Fax:Click here to enter text. | |
| Company Name:Click here to enter text. | | | | | |
| Address:Click here to enter text. | | Phone:Click here to enter text. | | Fax:Click here to enter text. | |
| Company Name:Click here to enter text. | | | | | |
| Address:Click here to enter text. | | Phone:Click here to enter text. | | Fax:Click here to enter text. | |
| I authorize Alpha Logistiques Inc to verify the information provided on this form as to my credit. | | | | | |
| Signature of applicant: | | | | Date: Click here to enter a date. | |
| Title:Click here to enter text. | | | |  | |