| 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. |  |