



Customer Application for Credit

Date of Application: _____

Company Name: _____

Billing Address: _____ City: _____

Province: _____ Postal Code: _____

Telephone Number: _____ Fax Number: _____

Shipping Address: _____ City: _____

Province: _____ Postal Code: _____

Traffic Manager: _____ A/P Manager: _____

Product or Trade: _____ Years in Business: _____

Principles:

- | | |
|----------|--------------|
| 1) _____ | Title: _____ |
| 2) _____ | Title: _____ |
| 3) _____ | Title: _____ |

Monthly Credit Required: _____

Credit References: (Three Required)

- | | |
|-------------------|----------------|
| 1) Company: _____ | Phone #: _____ |
| Contact: _____ | Fax #: _____ |
| 2) Company: _____ | Phone #: _____ |
| Contact: _____ | Fax #: _____ |
| 3) Company: _____ | Phone #: _____ |
| Contact: _____ | Fax #: _____ |

Bank Information:

Bank Name and Address: _____

Bank Contact: _____ Phone #: _____

Account #: _____ Fax #: _____

***PLEASE FAX THIS FORM BACK TO 416-740-3246 OR EMAIL mdossantos@metrotransportation.ca**

Office Use Only:

Credit Approved: Yes No Amount: _____ Date: _____

Customer Code: _____ Sales Rep: _____ Terms: _____