



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

Province:

Postal Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

Province:

Postal Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

Province:

Postal Code:

Type of account:

Account number:

Savings

Checking

Credit Limit Information

Limit required (based on 30 day terms) \$

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize **Minimax Logistics** to make inquiries into the banking and business/trade references that you have supplied. Please return completed application to: operations@minimaxlogistics.com or fax to 647-951-5167

SIGNATURES

Title:

Date:

Title:

Date: