

WESTPORT FREIGHT SERVICES INC.

3397 AMERICAN DRIVE, UNIT 8,
MISSISSAUGA, ON L4V 1T8
TEL: 905-678-6113
FAX: 905-678-6115

CREDIT APPLICATION

APPLICANT INFORMATION

Company Name: _____ Phone: _____
Address: _____ Fax: _____
City: _____ Province: _____ Postal Code: _____

Mailing Address: (If different from above)

E-mail: _____

Nature of Business: _____
Years in Business: _____
Credit Required per month: _____
Accounts Payable Contact: _____

BANK INFORMATION

Bank Name: _____ Contact: _____
Address: _____ Phone: _____
City: _____ Prov.: _____ Postal Code: _____ Fax: _____

CREDIT REFERENCES

Reference Company	Phone	Fax	Contact	Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

In consideration of credit to be extended to me, my partnership or corporation, I/we agree to submit payment for all invoices according to the credit terms of payment in full within 30 days. Overdue accounts are subject to 1.5% interest per month (18% annually).

Signature: _____

Date: _____

Name (printed): _____

Title: _____