



380 Bradwick Dr. Concord,

ON L4K 2W4

416-880-5194

service@capitalexpresstransport.com

Credit Application Form

Business Information

Full Trading Name _____

Limited Company Name (if different to above) _____

Trading Address: _____

_____ Post Code _____

Invoice Address (if different to above) _____

_____ Post Code _____

Company Registration No _____ Date of Incorporation _____

Nature of the Business _____

How Long has the Company been trading _____ Years _____ Months

Contact Information

Accounts Contact Name _____

Telephone Number (_____) _____ Fax Number (_____) _____

Purchasing Contact Name:- _____

Telephone Number (_____) _____ Fax Number (_____) _____



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Credit Information

What Credit Limit do you require \$ _____ CND
(Please note that our standard credit terms are 30 days from date of invoice)

Please supply the names and addresses of two Trade References:-

First Reference Company Name _____

Contact Name _____

Trading Address _____

_____ Post Code _____

Telephone Number (_____) _____ Fax Number (_____) _____

Second Reference Company Name _____

Contact Name _____

Trading Address _____

_____ Post Code _____

Telephone Number (_____) _____ Fax Number (_____) _____

I, _____, hereby confirm that the information supplied above, to the best of my knowledge and belief, is true and complete. I understand that my information will be saved to file for future transactions on my account and will be used to conduct a credit check and the references provided will be contacted. I also confirm that I have read and understand the terms and conditions of sale.

Signature

Date