

CREDIT APPLICATION

Company name		
Address		
City	Province	Postal code
Telephone	Fax	E-Mail

Billing address		
City	Province	Postal code
Telephone	Fax	E-Mail

OWNERSHIP INFORMATIONS

Proprietor	Partnership	Corporation	Other
Name of proprietor or directors of company			
Type of business		Years in business	
Accounts payable manager		Credit limit requested	

BANK REFERENCES

Bank name		Account number
Address		
City	Province	Postal code
Contact	Telephone	Fax

BUSINESS REFERENCES

1) Name	Contact
Telephone	Fax
2) Name	Contact
Telephone	Fax
3) Name	Contact
Telephone	Fax

CREDIT POLICY

I the undersigned, authorize Minimax Transportation Express or it=s Bank to verify the information contained in this application.
I authorize the people named as references and also my bank to give all the necessary information to open my account.
I acknowledge that credit terms are net 30 days from the date of invoice. All freight charges must be paid before any claims can be acknowledged.

Signature of applicant

Date