

Transport Q-trans inc.



Credit Application

Phone: 514 636 3223

Fax: 514 636 3225

Email: admin@transportqtrans.com

Client Profile Please print clearly and legibly.

<i>Company name</i>				
Legal Company Name (if different from above)		Main Phone # () -		Fax # () -
Street Address	Unit	City	Province	Postal Code
Company Email Address / Accounts Payables		Billing Contact Name		How Long Established years months
Type of Business	Legal Status ☐ Corporation ☐ Individual proprietorship (owner Operator) ☐ Partnership ☐ Please provide below owner(s) name and SIN ☐ Please provide below owner(s) name and SIN			
OWNER(S) / PARTNER(S) NAME and RESIDENTIAL ADDRESS				SOCIAL INSURANCE NUMBER

Billing Information (If different from above)

<i>Company name</i>		Main Phone # () -		Fax # () -
Street Address	Unit	City	Province	Postal Code

Please give us some references...

Bank / Trust company / Credit union name and branch address		Account number
Managers name		Telephone Number () -

Please provide at least three credit references / supplies. Please attach separate list if required

Name	Address	Telephone Number () -	Account number
Name	Address	Telephone Number () -	Account number
Name	Address	Telephone Number () -	Account number

Please tell us your requirements...

Do you require original bill of ladings ☐ Yes ☐ No	Is a faxed or emailed invoice and a bill of lading acceptable for payment ☐ Yes ☐ No
What are your payment terms ? ☐ 7 days ☐ 15 days ☐ 30 days	Do you require Reference Numbers for your freight ? ☐ Yes ☐ No
Any other requirements or comments that you would like us to know.	

Please sign below...

The undersigned hereby certifies this information to be true and complete. The undersigned consent(s) to Transport Q-Trans Inc. To obtain from, exchange with or disclose to third parties any and all information concerning the undersigned for the purposes of ensuring the accuracy of this information. The undersigned is authorized to make this application.

Applicant name <i>Please PRINT clearly</i>	Applicant position / Title
Applicant signature X	Date

Thank you for taking the time to complete the questionnaire. If you have any questions, please do not hesitate to contact us at the phone number or by Email above.

Office Use Only	Checked by	Appr. / decl. by	Account Number	
	Credit Limit	Date Appr / decl.	Terms	Dis code