



Credit Application

COMPANY INFORMATION

Legal Name : _____

Trade Name : _____

Business Address: _____ City: _____

Province/State: _____ Postal Code/Zip Code: _____

Phone: _____ Fax: _____ Website: _____

Contact Name : _____ Email: _____

Type of Business: Corporation ___ Partnership ___ Proprietorship ___

GST/HST #: _____ Years in Business: _____

BANK INFORMATION

Bank Contact: _____ Email: _____

Bank Phone: _____ Bank Fax: _____

REFERENCES

Please Provide a minimum of 2 Transportation and 2 Trade References below:

Transportation: _____ Email: _____ P# _____

Transportation: _____ Email: _____ P#: _____

Trade: _____ Email: _____ P#: _____

Trade: _____ Email: _____ P#: _____

CREDIT LIMIT

Credit Limit Requested: \$ _____ CDN

Anticipated # of shipments per month : _____

ACCOUNTS PAYABLES CONTACT

Name : _____ Phone : _____ Email: _____

We certify the information contained herein to be true and correct. We agree to full payment of all invoices Focus West Logistics terms. We authorize Focus West Logistics to obtain or verify credit information from the suppliers listed above. We also authorize Focus West Logistics to obtain or verify credit information from our bank.

Signature: _____ Title: _____

Name (Please Print): _____ Date: _____

Please scan and email completed form to Admin@focuswestlogistics.ca