



31 Alexander Road
Newmarket, ON
L3Y 3J2

PRE-AUTHORIZED PAYMENT APPLICATION

COMPANY NAME _____

BILLING ADDRESS:

DEFAULT SHIPPING ADDRESS:

(If not the same as Billing Address)

TELEPHONE # (_____) _____

FAX # (_____) _____

ACCOUNTS PAYABLE CONTACT _____ EXT. _____

ACCOUNTING E-MAIL (EDI INVOICES) _____

PRINCIPAL(S) _____

OPERATING SINCE _____
CREDIT LIMIT REQUESTED _____

I, _____ have reviewed and acknowledge the terms and conditions as outlined by A & B Courier Service Limited dated _____.

Signature _____

FAX BACK TO (905) 853-3415
AB

www.abcourier.com York Region 905-853-4444 Toronto 905-881-9444





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I / We authorize A&B Courier Services Ltd. To debit my/our bank/trust account for payments due by the undersigned to A&B Courier Services Ltd. in payment of my/our courier bills. The under noted financial institution is hereby authorized to debit the designated account of the undersigned. I/We ensure that the funds will be available to cover the withdrawal and that insufficient funds will result in service charges as applicable, and possible cancellation of my/our enrollment in the payment plan.

This authorization may be canceled at any time upon written notice.

Name of Financial Institution

Branch Address

Bank Account Number (requires chequing privileges)

A&B Courier Account Number

Date

Signature(s) if joint account

Signature(s) if joint account

Invoices issued on the 15th of the month will be withdrawn on the 7th of the following month.

Invoices issued on the 30th of the month will be withdrawn on the 21st of the following month.

PLEASE SUBMIT A COPY OF A VOID CHEQUE WITH YOUR APPLICATION

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