



31 Alexander Road  
Newmarket, ON  
L3Y 3J2

### CREDIT 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 \_\_\_\_\_

PAYMENT OPTION (CHECK ONE)

PRE-AUTHORIZED VISA/MASTERCARD

PRE-AUTHORIZED DEBIT

DIRECT DEPOSIT

SELF DIRECTED CREDIT CARD

CHEQUE

ONLINE BANKING

TERMS REQUESTED:

10 DAYS

20 DAYS

30 DAYS

40 DAYS

50 DAYS

60 DAYS

(Terms greater than 30 days require special approval)

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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L3Y 3J2

## CREDIT APPLICATION

### TRADE REFERENCES

\*\* (Please supply an account number if necessary)\*\*

1. COMPANY NAME \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CONTACT \_\_\_\_\_  
TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ FAX # (\_\_\_\_\_) \_\_\_\_\_  
EMAIL \_\_\_\_\_

2. COMPANY NAME \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CONTACT \_\_\_\_\_  
TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ FAX # (\_\_\_\_\_) \_\_\_\_\_  
EMAIL \_\_\_\_\_

3. COMPANY NAME \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CONTACT \_\_\_\_\_  
TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ FAX # (\_\_\_\_\_) \_\_\_\_\_  
EMAIL \_\_\_\_\_

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