Transport Q-trans inc. Credit Application

Phone: 514 636 3223 Fax: 514 636 3225

Email: admin@transportqtrans.com



Client Profile					Please pr	rint clearly and	legibly.	
Company name								
Land Grand Van CC 1995 and Consider		136 : 70	n n		Ir. "			
Legal Company Name (if different from above)		Main Phone #			Fax#			
Street Address	T haif	()	- Dynasinga	() Postal Code	5		
Street Address	Unit	City		Province	Fosiai Code			
Company Email Address / Accounts Payables	Billing Contact Name		How Long Established	years	months			
Type of Business	Legal Status Corporat	Status Corporation Individual proprietorship (owner Operator Please provide below owner(s) name and SI				r) Partnership IN Please provide below owner(s) name and SIN		
OWNER(S) / PARTNER(S) NAME and RE			SIDENTIAL ADDRESS			SOCIAL INSURANCE NUMBER		
Dilling Information (If different forms	L \							
Billing Information (If different from Company name	rabove)	Main P	hone#		Fax#			
		()	1.7	()	₹R	10	
Street Address		Unit		City	Province	Postal Co	ide	
Please give us some references								
Bank / Trust company / Credit union name and br	anch address				Accoun	t number		
Managers name					Telepho	ne Number		
Diago provido et loget	thron cradit	roforonco	s / supplier	. Dloggo attack	() -		
Please provide at least three credit r			7.00		e Number Account number			
				()	_			
Name A		ddress		Telepho	Telephone Number		Account number	
			ϵ) -			
Name Addre				Telepho	ne Number	2 Number Account number		
				(-			
Please tell us your requirements		1				<u> </u>		
Do you require original bill of ladings	☐ No	Is a faxed or	emailed inv	oice and a bill of la	ding acceptable for p	ayment 🔲 Yes	□No	
What are your payment terms? 7 days] 15 days	30 days	Do you re	quire Reference Nur	mbers for your freigh	nt? Yes	□No	
Any other requirements or comments that you wo	uld like us to kr	IOW.					5	
Please sign below								
The undersigned hereby certifies this information or disclose to third parties any and all information authorized to make this application.								
Applicant name Please PRINT clearly	licant name Please PRINT clearly			Applicant position / Title				
Applicant signature ${f X}$				Date				
Thank you for taking the time to comple	ete the questi	onnaire. If	you have a	ny questions, p	lease do not hesi	tate to contact u	s at the	

phone number or by Email above.

Office Checked by Appr. / decl..by Account Number Use Date Appr / decl.

Only Credit Limit Date Appr / decl.

Terms Dis code