

CREDIT APPLICATION

Name	<input type="text"/>	Date	<input type="text"/>
Address	<input type="text"/>	NEQ	<input type="text"/>
City	<input type="text"/>	Phone #	<input type="text"/>
Postal Code	<input type="text"/>	Province	<input type="text"/>
		Fax #	<input type="text"/>

Names and titles of administrators

Name	<input type="text"/>	Title	<input type="text"/>
Name	<input type="text"/>	Title	<input type="text"/>
Name	<input type="text"/>	Title	<input type="text"/>

Accounts payables contact

Email address

Number of years in business Type of company

Provincial tax # Federal tax #

Are you a carrier or a logistics broker for tax exemption? Yes No

Bank information

Name of bank	<input type="text"/>	Phone #	<input type="text"/>
Account #	<input type="text"/>	Fax #	<input type="text"/>
Transit #	<input type="text"/>		

Suppliers

Name	<input type="text"/>	Email	<input type="text"/>
Phone #	<input type="text"/>	Fax #	<input type="text"/>
Name	<input type="text"/>	Email	<input type="text"/>
Phone #	<input type="text"/>	Fax #	<input type="text"/>
Name	<input type="text"/>	Email	<input type="text"/>
Phone #	<input type="text"/>	Fax #	<input type="text"/>

Please send your form to cr@inter-nord.com

I certify that the above information is true. I undertake to pay my account within 30 days of the invoice and understand that an interest charge of 2% per month will be added to any past due balance. I hereby authorize Les Transports Inter-Nord Inc. to obtain any and all credit report related to this request.

Authorized signature: _____ **Date** _____