TRANSPORT INTER NORD INC.

Destination Service

CREDIT APPLICATION

Name		Date	
Adress		NEQ	
City		Phone #	
Postal code		Province	Fax #

Names and titles of administrators

Name		Title	
Name		Title	
Name		Title	
Accounts payables contact			
Email adress		Volume annuel($)	
Num. 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

Bank name		Phone #	
Account #		Fax #	
Transit #			

Suppliers

Name		Email	
Phone #		Fax #	
Name		Email	
Phone #		Fax #	
Name		Email	
Phone #		Fax #	

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 autohrize Les Transports Inter-Nord Inc. to obtain any and all credit report related to this request.

Fullname		Title	
Authorized signature		Date	

1-800-361-1338 (450) 438-7133 FAX: (450) 438-7201
455, rue Lajeunesse Ouest, Saint-Jérôme (Québec) J5L 2P7
www.inter-nord.com