



CREDIT APPLICATION

Legal Name			
Operating Name			
Address			
Landlord Name & Phone Number			<input type="checkbox"/> Rent <input type="checkbox"/> Own
City		Province	Postal Code
Telephone	Fax	E-mail	
Billing Address			
City		Province	Postal Code
Telephone	Fax	E-mail	

OWNERSHIP INFORMATION

<input type="checkbox"/> Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	Other
Name of Proprietor or Directors of Company			
Type of Business		Years in Business	
Accounts Payable Manager		Credit Limit Requested	

BANK REFERENCES

Bank Name		Account Number	
Address			
City		Province	Postal Code
Contact	Telephone	Fax	

BUSINESS REFERENCES

1) Name	Contacts
Telephone	E-mail
2) Name	Contacts
Telephone	E-mail
3) Name	Contacts
Telephone	E-mail

CREDIT POLICY

I the undersigned, authorize Minimax Transportation Express, or its Bank, to verify the information contained in this application

I authorize the people named as references and also my bank to give all the necessary information to open my account.

I acknowledge that credit terms are net 30 from the date of invoice. All freight charges must be paid before any claims can be acknowledged.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date