

**CREDIT APPLICATION**

DATE: (MM/DD/YYYY) \_\_\_\_\_

**BUSINESS CONTACT INFORMATION**

Company Name:

Title of Principal:

**Payable Contact:**

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Desired Credit Limit: \$

Sole proprietorship:

Partnership:

Corporation:

Other:

**BUSINESS AND CREDIT INFORMATION**

Physical business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Chequing

Other

**CARRIER/TRADE REFERENCES****\*\*IMPORTANT NOTE BOTH FAX & PHONE INFORMATION IS REQUIRED\*\***

Company name:

Address:

City:

State:

ZIP Code:

**Phone:****Fax:**

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

**Phone:****Fax:**

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

**Phone:****Fax:**

E-mail:

Type of account:

**AGREEMENT**

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Muskoka Transport Limited to investigate the carrier references listed pertaining to my/our credit and financial responsibility. Applicant's signature attests financial responsibility, ability and willingness to pay our invoices according to the following terms: NET 30 DAYS, 2% INTEREST PER MONTH on overdue accounts. **Please ensure that this application is returned to Muskoka Transport, signed and dated.**

**SIGNATURES**

Print Name:

Signature:

Title: