



Request for Customer Account

710 Sprucewood Ave., Windsor, ON N9C 3Z1
20985 West Road, Woodhaven, MI 48183

Email: mgualtieri@tst911.com
Tel: 519-972-8111 Fax: 519-972-9830
Attn: Credit Department

PLEASE PRINT

BUSINESS INFORMATION

DESCRIPTION OF BUSINESS

Common Name	No. of Employees	Requested Credit Limit
D&B #		
Legal Name	No of Years in Business	Type of Business
Address	Carrier SCAC Code	
City	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
PR/ST PC/Zip	<input type="checkbox"/> Divison/Subsidiary	<input type="checkbox"/> Proprietorship
Mailing Address	Parent Company	How long in business
City		
PR/ST PC/Zip	Phone	Fax

COMPANY PRINCIPLES RESPONSIBLE FOR BUSINESS TRANSACTIONS

CEO/President	Phone	Ext
CFO/Controllor	Phone	Ext
Accounts Payable	Phone	Ext

TRADE REFERENCES

Supplier Name	Contact Name	Address	Phone	Fax

BANK REFERENCES

Name of Bank	Contact Name
Branch	Address
Account Number	Telephone

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

It is agreeable that all references be verified before credit is established. **Terms of credit:** All freight invoices are due and payable 30 days from shipment date. Terms net 30 days. Overdue balance will be subject to interest charges of 2% per month, 24% per annum. All NSF cheques will be subject to a fee of fifty dollars (\$50.00). All freight charges must be paid prior to any claims being processed. If completing this form online, the name entered on the signature line will be deemed as an authorized representative of your company.

_____ SIGNATURE	_____ TITLE	_____ DATE
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