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 20985 West Road, Woodhaven, MI 48183

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**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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