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CUSTOMER CREDIT APPLICATION & PROFILE

CUSTOMER:			
Address:			
City:	P/S:	PC/Zip:	
Contact:	Position:		
Tel #:	Ext:	Fax #:	Toll Free #:
E-Mail:		Website:	
Type of Business:		Operating since:	
Federal ID#:	CSA #	PIP #	C-TPAT #

Additional Contact Name:		Position:	
Tel #:	Ext:	Fax #:	Email:

Billing Locations (if different from above):			
Company Name:		Address:	
City:	P/S:	PC/Zip:	

Accounts Payable Contact Name:			
Tel #:	Ext:	Fax#:	Email:

BANKING INFORMATION:	
Bank:	Line of Credit:
Address:	Account #:
	Email:
Contact:	Tel #: Ext: Fax #:

CREDIT REFERENCES:		
1.	Tel #:	Fax #:
	Email:	
2.	Tel #:	Fax #:
	Email:	
3.	Tel #:	Fax #:
	Email:	

I hereby apply for credit with ALL-CONNECT LOGISTICAL SERVICES INC. I understand that the terms of payment on this account are "NET 7 DAYS" and I agree to pay the account on that basis. OVERDUE AMOUNTS WILL BE SUBJECT TO INTEREST CHARGES. I warrant and confirm that the information given herein is true and accurate, and I understand that it is being used to determine my credit responsibility. You are authorized to obtain any information you may require relative to this application from any source to which you may apply and each such source as such is hereby authorized to provide you with such information. I also accept cargo liability limited to \$2.00/lb. unless agreed to in writing by All-Connect.

Signing Officer: _____ Title: _____
 (Print Name)

Signature: _____ Date: _____
 (Signature)

Please return to: Email: accounts_receivable@allconnect.ca or Fax #: 905-847-5509 Attn: Credit Dept.