

2070 Wyecroft Road, Oakville, Ontario L6L 5V6

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CONFIDENTIAL CREDIT INFORMATION

COMPANY (LEGAL NAME)			TELEPHONE #		FAX#		
ADDRESS - STREET				PROV/STATE	POSTAL CODE/ZIP		
CONTACT'S EMAIL ADDRESS				WEBSITE	WEBSITE		
TYPE OF BUSINESS HOW LONG		IN BUSINESS		# OF EMPLOYEES	# OF EMPLOYEES AMOUNT OF CREDIT REQUESTED		
PRIVATELY OWNEDYESNO FEDEI	RAL ID#	CSA#		PIP#	PIP#		
IF PRIVATELY OWNED, NAME OF OWNERS AND DIRE	ECTORS			<u>'</u>		•	
BILLING INFORMATION (IF DIFFERE	NT FROM ABOV	'E)					
COMPANY NAME			TELEPHONE :	#	FAX# ()	X#)	
ADDRESS - STREET		CITY		PROV/STATE	POSTAL CODE/ZIP		
ACCOUNTS PAYABLE INFORMATIO	N			•			
CONTACT NAME EMAIL A		ESS		TELEPHONE #	# FAX #		
BANKING INFORMATION	•			•			
BANK NAME	TRANSIT#	CDN ACCO	UNT#	US ACCOUNT #	LINE OF CREDIT Y N		
ADDRESS - STREET	<u>l</u>	CITY		PROV/STATE	POSTAL CODE/ZIP		
CONTACT NAME	CONTACT EM			TELEPHONE #	TELEPHONE # FAX #		
CREDIT REFERENCES	•			•		•	
1. COMPANY NAME	TELEPHONE #		FAX#		EMAIL	IL	
ADDRESS - STREET		CITY		PROV/STATE	POSTAL CODE/ZIP		
2. COMPANY NAME	TELEPHONE	#	FAX#	I	EMAIL		
ADDRESS - STREET		CITY	PROV/STATE		POSTAL CODE/ZIP		
3. COMPANY NAME	TELEPHONE	FAX#		<u> </u>	EMAIL		
ADDRESS - STREET		CITY		PROV/STATE	POSTAL CODE/ZIP		
I hereby apply for credit with ALL CONNECT LC are NET 7 DAYS and agree to pay the account of accurate, and I understand that it is being used you may require relative to this application from to privide you with such information. I acknow writing by ALL CONNECT and/or affiliated com	on that basis. I warra d to determine my cre om any source to whi wledge that cargo clai	nt and confi edit respons ch you may	irm that the inf ibility. You are apply and each	ormation given herei authorized to obtain such source as such i	n is true and any inform s hereby au	d ation thorized	
NAME OF APPLICANT		_		TITLE			
SIGNING OFFICER		<u> </u>	-	DATE			