



2070 Wycroft Road, Oakville, Ontario L6L 5V6

Tel: (Oakville) 905-847-6555 · (Toronto) 416-213-7187 · (Toll Free) 1-800-388-7947

Fax: (Admin.) 905-847-5509 · (Operations) 905-847-3339

[www.allconnect.ca](http://www.allconnect.ca)

**CONFIDENTIAL CREDIT INFORMATION**

COMPANY (LEGAL NAME)		TELEPHONE #		FAX#	
ADDRESS - STREET		CITY		PROV/STATE	
CONTACT'S EMAIL ADDRESS		POSITION		WEBSITE	
TYPE OF BUSINESS		HOW LONG IN BUSINESS		# OF EMPLOYEES	
AMOUNT OF CREDIT REQUESTED					
PRIVATELY OWNED YES ..... NO		FEDERAL ID#		CSA #	
PUBLICLY TRADED YES ..... NO		PIP#		C-TPAT#	
IF PRIVATELY OWNED, NAME OF OWNERS AND DIRECTORS					

**BILLING INFORMATION (IF DIFFERENT FROM ABOVE)**

COMPANY NAME		TELEPHONE #		FAX#	
ADDRESS - STREET		CITY		PROV/STATE	
				POSTAL CODE/ZIP	

**ACCOUNTS PAYABLE INFORMATION**

AP CONTACT NAME	EMAIL ADDRESS	TELEPHONE #	FAX #
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**BANKING INFORMATION**

BANK NAME	TRANSIT #	CDN ACCOUNT #	US ACCOUNT #	LINE OF CREDIT
				Y-O ..... N\
ADDRESS - STREET		CITY		PROV/STATE
				POSTAL CODE/ZIP
CONTACT NAME		CONTACT EMAIL		TELEPHONE #
				FAX #

**CREDIT REFERENCES**

1. COMPANY NAME	TELEPHONE #	FAX#	EMAIL
ADDRESS - STREET		CITY	PROV/STATE
			POSTAL CODE/ZIP
2. COMPANY NAME	TELEPHONE #	FAX#	EMAIL
ADDRESS - STREET		CITY	PROV/STATE
			POSTAL CODE/ZIP
3. COMPANY NAME	TELEPHONE #	FAX#	EMAIL
ADDRESS - STREET		CITY	PROV/STATE
			POSTAL CODE/ZIP

I hereby apply for credit with SHUTTLE EXPRESS INC. I understand that the terms of payment on this account are NET 7 DAYS and agree to pay the account on that basis. 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 acknowledge that cargo claims are limited to a maximum liability of \$2.00/lb unless agreed to in writing by Shuttle Express and/or affiliated companies.

\_\_\_\_\_  
NAME OF APPLICANT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNING OFFICER

\_\_\_\_\_  
DATE