



2139 Wycroft Road, Oakville, Ontario L6L 5L7

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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 <input type="checkbox"/> YES <input type="checkbox"/> NO		FEDERAL ID#	
PUBLICLY TRADED <input type="checkbox"/> YES <input type="checkbox"/> NO		CSA #		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 _____ 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

SIGNING OFFICER

TITLE

DATE