

1050 LOGISTICS SOLUTIONS INC.

7181 Woodbine Avenue, suite 109, Markham, Ontario L3R 1A3
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CREDIT APPLICATION

YOUR COMPANY INFORMATION :

Company Name : _____

Address : _____

Telephone : _____ Fax : _____

Form of Business : Sole Proprietor _____ Partnership _____ Corporation _____

No. of years in business : _____ Name of owner/officer : _____

A/cs payable contact name : _____ Tel No. : _____

BANK REFERENCE

NAME OF BANK	ADDRESS	A/c No.	TEL No.	FAX No.	Contact

TRADE REFERENCES :

NAME	ADDRESS	TEL No.	FAX No.	Contact

The information on this application is true to the best of my knowledge.

Signature : _____

Date : _____

Name : _____

Title : _____

We are committed to providing the best service possible. In order for us to continue to provide you with this exceptional service, we ask that you adhere to our credit terms of 15 day payment.