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CREDIT APPLICATION

COMPANY NAME: _____ ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE NUMBER: _____ FAX: _____ E MAIL: _____

MAILING ADDRESS - IF DIFFERENT FROM ABOVE: _____

CONTACT PERSON: _____ TITLE: _____

TRADE REFERENCES:

1. COMPANY NAME: _____ ADDRESS: _____

PHONE: _____ FAX: _____ CONTACT PERSON: _____

2. COMPANY NAME: _____ ADDRESS: _____

PHONE: _____ FAX: _____ CONTACT PERSON: _____

3. COMPANY NAME: _____ ADDRESS: _____

PHONE: _____ FAX: _____ CONTACT PERSON: _____

ONTIME EXPRESS TERMS OF PAYMENT, NET 30 DAYS FROM DATE OF INVOICE.

AUTHORIZATION SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

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