



140 Malloy Street  
 Maple Ontario L6A 1R9  
 Administration: (905) 417-6198 Fax: (905) 832-1909

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

Title:		Company Name:	
Phone:	Fax:	E-mail:	
Registered company address:			
City:		Prov/State:	Postal/Zip
Date business commenced:			
Sole proprietorship: <input type="checkbox"/> Yes <input type="checkbox"/> No		Partnership: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Corporation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:			

### BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		Prov/State:	Postal/Zip:
Phone:	Fax:	E-mail:	
Bank name:			
Bank address:			Phone:
City:		Prov/State:	Postal/Zip:
Type of account:	Account number:		

### BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		Prov/State:	Postal/Zip:
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:		Prov/State:	Postal/Zip:
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:		Prov/State:	Postal/Zip:
Phone:	Fax:	E-mail:	

### AGREEMENT

1. All invoices are to be paid thirty (30) days from the date of the invoice.
2. Claims arising from invoices must be made within seven (7) working days.
3. By submitting this application, you authorize Scott-Woods Transport Inc. to make inquiries into the banking and business/trade references that you have supplied.

### SIGNATURES

Signature: _____	Signature: _____
Title: _____	Title: _____
Date: _____	Date: _____