



1535 Snyder Road East  
P.O. Box 152  
Petersburg, ON NOB 2H0  
Tel: (519) 214-0300  
Fax: (519) 634-8908

**CREDIT APPLICATION**

General Information:

Company Name: \_\_\_\_\_  
Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Accounts Payable Contact: \_\_\_\_\_  
Email address for Payables: \_\_\_\_\_  
FORM OF BUSINESS: Sole Proprietor : \_\_\_\_\_ Partnership \_\_\_\_\_ Corp: \_\_\_\_\_  
HST NO.: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Ownership Information:

Principal Owners Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Partner/Officers Name: \_\_\_\_\_ Title: \_\_\_\_\_

Bank Information:

Name of Bank: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact: \_\_\_\_\_  
Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_

Trade References

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

We acknowledge that credit terms granted by Outer Limits Transportation, are net 30 days with applicable finance charge of 2% per month on outstanding balances over 30 days. Applicant agrees to pay all collection fees, including court costs and attorney fees on a solicitor and his own client basis should this account be placed in collection at any time for any reason. No oral agreement will be accepted. The undersigned certifies the above information to be true, correct and that they are in agreement of our terms. The undersigned hereby authorized Outer Limits Transportation to obtain and exchange credit and financial information to assist in their decision to approve and maintain this application for credit.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please fax completed application to 519-634-8908 Attention: Credit Manager