

Pre- Authorized Credit Application

Please complete the following credit application, signed, and return to admin@abcourier.com or fax: (905) 853-3415.

Company Name		
Billing Address	Default Shipping Address (If not the same as billing address)	
Telephone # ()	Default Shipping # ()	
Accounts Payable Contact	Ext	
Email for Invoicing		
Email for Statements		
Principal(s)	Operating Since	
	Credit Limit Requested	
l,	have reviewed and acknowledge the terms and	
conditions as outlined by A & B Co	ourier Service Ltd.	
Signature	Date	



Pre-Authorized Payment Plan

No time to schedule payments?

Join now for our convenient Pre-Authorized Payments, and let us do the work for you!

Fill out the information below and we will automatically debit your account 21 days from the date of invoice.

I / We authorize A & B Courier Services Ltd. to debit my/our bank/trust account for payments due by the undersigned to A & B Courier Services Ltd. in payment of my account. The under noted financial institution is hereby authorized to debit the designated account of the undersigned. I/We ensure that the funds will be available to cover the withdrawal and that insufficient funds will result in service charges as applicable, and possible cancellation of my/our enrollment in the payment plan.

This authorization may be cancelled at any time upon written notice.

Name of Financial Institution	
Branch Address	
Bank Account Number (requires chequing privilege	es)
A&B Courier Account Number	Date
Signature(s) if joint account	Signature(s) if joint account
You must inclu	IPORTANT: ude a "VOID" cheque. nnot be processed without it.
	DOILARS

Bank ID

(3 digits)

Account

If you have any questions, please contact the finance department at admin@abcourier.com.

Transit Number

(5 digits)