



## **Credit Application**

Please complete the following credit application, signed, and return to <a href="mailto:admin@abcourier.com">admin@abcourier.com</a> or Fax: (905) 853-3415.

Company Name							
Billing Address		(If not the same as	ping Address s billing address)				
	-						
Telephone # ()		Default Ship	ping # ()				
Accounts Payable Contact			Ext				
Email for Invoicing							
Email for Statements							
Principal(s)		Operating Si	nce				
·		Credit Limit I	Requested				
Payment Option (Check One)							
☐ Direct Deposit	☐ Credit Card		☐ Online Banking				
Terms Requested:							
☐ On Receipt ☐ 5 Days	☐10 Days	☐15 Days	□20 Days □30 Days				
I, have reviewed and acknowledge the terms and							
conditions as outlined by A & B Courier	Service Ltd.						
Signature		Dat	e				



## **Credit Application**

Trade References

**	(Please	supply	an	account	number	if necessary	<b>/</b> )
	i icasc	SUPPLY	an	account	HUHHOUH	II I I C C C C C C C C C C C C C C C C	<b>∀</b> /

1.	Company Name	Account Number
	Address	
	Contact	
	Telephone # ()	_ Fax # ()
	Email	
2.	Company Name	Account Number
	Contact	
		_ Fax # ()
	Email	
3.		Account Number
		_ Fax # ()
	Email	

Please ensure all fields are completed to avoid delays in application process. If you have any questions, please contact the finance department at <a href="mailto:admin@abcourier.com">admin@abcourier.com</a>.