



CREDIT APPLICATION FORM

COMPANY INFORMATION:

Company Name: _____

Phone Number : _____

Address: _____

Phone Number : _____ Fax Number: _____

City: _____ Province.: _____

Invoice Address (if Diff.): _____

Postal Code: _____

Type of Business: _____ Sole Owner _____ Partnership _____ Corporation _____ / _____ / _____ Date of Incorporation

Nature of Business: _____

Accounts Payable Contact: _____ Telephone: _____

PRINCIPAL (S) OF COMPANY:

Name:	Title:	Home Address:	Home Phone Number:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BANKING HISTORY:

Bank : _____ Phone#: _____

Branch: _____ Bank Officer: _____

_____ Account #: _____

CREDIT REFERENCES:

Name: _____ Name: _____ Name: _____

Address: _____ Address: _____ Address: _____

Phone #: _____ Phone #: _____ Phone#: _____

Contact: _____ Contact: _____ Contact: _____

Please return to First Team Transport - Fax: (905)-897-2657 or email directly to Grace Cirillo at cirillog@amglogistics.com