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billing@sfllog.ca
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CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Main Contact / Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

Province:

Postal Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BILLING & BANKING INFORMATION

Is your billing address the same as your registered address? If no, please fill below:

YES:

NO:

Billing Address:

City:

Province:

Postal Code:

Billing contact:

Phone:

E-mail:

Fax:

POD Required? Y / N

Bank:

City:

Province:

Postal Code:

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

E-mail:

Company name:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

E-mail:

Company name:

Address:

City:

Province:

Postal Code:

Phone:

Fax:

E-mail:

AGREEMENT

- All invoices are to be paid 15 days from the date of the invoice.**
- Claims arising from invoices must be made within seven working days.
- By submitting this application, you authorize SF Logistics Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:

Date: