

## CREDIT APPLICATION

COMPANY NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

DELIVERY ADDRESS: \_\_\_\_\_  
(IF DIFFERENT FROM BILLING ADDRESS) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX# \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ # YEARS IN BUSINESS: \_\_\_\_\_

NAME OF ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

BUSINESS / GST NUMBER: \_\_\_\_\_

### NAMES OF PRINCIPALS (OR PARTNERS) :

1. \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

2. \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

3. \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

### CREDIT REFERENCES:

1. \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

2. \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

3. \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ ACCT# \_\_\_\_\_

BRANCH: \_\_\_\_\_ CREDIT LIMIT APPLIED FOR \$ \_\_\_\_\_

**TERMS:** 2% PER MONTH ON OVERDUE ACCOUNTS. ALL SOLICITORS, COLLECTION AGENCIES OR OTHER FEES AND DISBURSEMENTS INCURRED BY TRILLIUM CUSTOMS BROKERS INC., IN COLLECTING ACCOUNTS 30 DAYS OR MORE PAS INVOICE DATE SHALL BE PAYABLE BY THE CUSTOMER. I /WE FULLY UNDERSTAND THAT THE INFORMATION GIVEN IS GIVEN FOR THE PURPOSE OF OBTAINING CREDIT AND HEREBY AUTHORIZE TRILLIUM CUSTOMS BROKERS INC, TO VERIFY ALL INFORMATION ON THIS APPLICATION AND AGREE TO THE ABOVE TERMS.

DATE: \_\_\_\_\_



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