



# CREDIT APPLICATION

FAX:604 585 9391

CLIENT ID NUMBER		DATE
<b>COMPANY INFORMATION</b>		
BUSINESS NAME		D&B NUMBER
CURRENT ADDRESS		
MAILING ADDRESS		
CITY	PROV/STATE	POSTAL/ZIP CODE
PHONE:	EMAIL:	Fax:
TYPE OF BUSSINESS		
NAME OF OWNERS/DIRECTORS		
ACCOUNT PAYABLE CONTACT:		PHONE: EMAIL:
LENGTH OF TIME IN BUSINESS(YEARS)		REQUESTED CREDIT \$
GROSS ANNUAL REVENUE \$		

<b>BANK REFERENCE</b>	
BANK NAME	ACCOUNT NUMBER
CONTACT	ACCOUNT TYPE
ADRESS	

<b>TRADE REFERENCES:</b> List three businesses that are currently supplying you with a credit of more than \$1000, two must be transportation. <b>PLEASE DO NOT LEAVE ANY CLOUMN BLANK, FILL COMPLETELY.</b>	
NAME	CONTACT NAME
ADRESS	EMAIL:
	FAX:
NAME	CONTACT NAME
ADRESS	EMAIL:
	FAX:
NAME	CONTACT NAME
ADRESS	EMAIL:
	FAX:

I/We understand that the credit terns are 21 days from date of invoice and are subject to 2%per month,24% per annum on overdue accounts

COMPANY \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

NAME OF AUTHORIZED PERSON \_\_\_\_\_

MANAGER ACHIEVER TRANSPORTATION GROUP \_\_\_\_\_

PLEASE FAX /EMAIL TO FOLLOWING FAX/EMAIL ADDRESS  
 Office: 9466 124A St Surrey B.C,V3V 7G2 Phone:604 725 9008 FAX:604 585 9391 PHONE:604 782 7526



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