

Client Profile

Company Name:

Legal Company Name (if different from above):

Main Phone #:	Fax #:
---------------	--------

Street Address:	Unit:
-----------------	-------

City:	Province:	Postal Code:
-------	-----------	--------------

Company Email Address / Accounts Payable:

Billing Contact Name:	How Long Established:
-----------------------	-----------------------

Type of Business:	Legal Status: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual Proprietorship (owner operator) <input type="checkbox"/> Corporation
-------------------	---

Owner(s) / Partner(s) Name	Residential Address	Postal Code

Billing Information (if different from above)

Company Name:	Main Phone #:	Fax #:
---------------	---------------	--------

Street Address:	Unit:
-----------------	-------

Please give us some references...

Bank /Trust company / Credit union name and branch address:

Account Number:	Managers Name:	Telephone Number:
-----------------	----------------	-------------------

PLEASE PROVIDE AT LEAST THREE CREDIT REFERENCES/SUPPLIES. PLEASE ATTACH SEPARATE LIST IF REQUIRED

Name	Address	Telephone Number	Fax Number



Please tell us your requirements...

Do you require original bill of ladings? Yes No

Is a faxed or emailed invoice and a bill of lading acceptable for payment? Yes No

What are your payment options? 7 days 15 days 30 days

Do you require Reference Numbers for your freight? Yes No

Please list any other requirements or comments that you would like us to know.

Please sign below

The undersigned hereby certifies the information to be true and complete. The undersigned consent(s) to SureTrack Courier Ltd. To obtain from, exchange with or disclost to third parties and and all information concerning the undersigned for the purposes of ensuring the accuracy of this information. The unsersigned is authorized to make this application.

Applicant Name (please print)	Applicant Position /Title
Applicant Signature	Date

THANK YOU FORTAKINGTHE TIME TO COMPLETE THE QUESTIONNAIRE. IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT US BY PHONE AT 905 832 8324 OR BY EMAIL AT ADMIN@SURETRACKCOURIER.COM

OFFICE USE ONLY	Checked by:	Appr./decl.by:	Account Number:	
	Credit Limit:	Date Appr/decl.:	Terms:	Dis code: