



Credit Application



Client Profile Please print clearly and legibly.

Company Name:				
Legal Company Name (if different than above):			Street Address:	
Unit #	City:	Province:	Postal Code/Zip:	Phone #
Main Contact Name:		Main Contact Email:		Main Contact Cell Phone #
Main Contact Title/Position:		Type of Business / Commodity :	How long Established: _____ years _____ months	Legal Status Corporation <input type="checkbox"/> Owner Operator <input type="checkbox"/> Partnership <input type="checkbox"/>
Please note that Sure Track Group emails all invoicing. If hard copy is required a surcharge will apply.				
Billing/Accounts Payable Contact Name:		Billing/Accounts Payable Email Address :		Billing/Accounts Payable Phone Number :

Billing Information (If different from above)

Company Name:				
Main Phone #			Street Address:	
Unit #	City:	State/Province:	Postal Code:	

Banking Information (or please attach VOID Cheque)

Bank / Trust Company / Branch Address		Account Number
Managers Name		Telephone Number

Please provide at least three credit references. Please attach separate list if required.

Name:	Address:	Telephone Number:	Account Number:
Name:	Address:	Telephone Number:	Account Number:
Name:	Address:	Telephone Number:	Account Number:

Billing Requirements

What are your payment terms? 7 Days <input type="checkbox"/> 15 Days <input type="checkbox"/> 30 days <input type="checkbox"/>	Do you require references numbers per order? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you require POD(s) to be sent with the invoice? Yes <input type="checkbox"/> No <input type="checkbox"/>
Invoice Style: Individual Order per invoice <input type="checkbox"/> Multiple Orders per invoice <input type="checkbox"/>	Any other special requirements?	

Please sign below

The undersigned hereby certifies this information to be true and complete. The undersigned consent(s) to Sure Track Group, to obtain from, exchange with or disclose to third parties any and all information concerning the undersigned for the purposes of ensuring the accuracy of this information.

Applicant Name (Please PRINT Clearly):	Applicant Position/Title:
Applicant Signature	Date:

Thank you for taking the time to complete the questionnaire. If you have any questions, please do not hesitate to contact us at the phone number or by email below.

Office Use Only	Sales Rep:	Date Opened:	Account Number:
	Credit Limit:	Entered By:	Terms:
	Web Portal Opened: YES <input type="checkbox"/> NO <input type="checkbox"/>	Web Portal Website : order.suretrackcourier.com (Ontario Customers) order.groupeasuretrack.com (Quebec Customers)	Web Portal Login: