



CREDIT APPLICATION
Please Print Clearly

Please fax/send to Accounts Receivable
Rosedale Transport Limited
6845 Invader Crescent
Mississauga, Ontario L5T 2B7
Tel.: 905-670-0057 / Fax: 905-696-4632

FOR INTERNAL USE ONLY. PRIVATE AND CONFIDENTIAL.

THE INFORMATION FURNISHED WILL REMAIN CONFIDENTIAL AND WILL BE USED SOLELY FOR CREDIT PURPOSES.

Company Name: _____

Doing Business As: _____

Address: _____

City: _____ Prov./State: _____ Postal Code/Zip: _____

Tel.: (____) _____ Fax: (____) _____ Toll Free: _____

Billing Address: (If Different From Above) _____

City: _____ Prov./State: _____ Postal Code/Zip: _____

Accounts Payable Contact: _____ Tel.: (____) _____ Fax: (____) _____

Name of Person Making Application: _____ Position: _____

Internal Use Only
Code: _____
_____ / _____

Table with 3 columns: Name(s) of Proprietor(s) or Officer(s), Title, Check One of the Following. Includes checkboxes for Corporation, Partnership, Proprietorship and In business since fields.

Trade References: 1. Name: _____ Tel.: (____) _____ Ext. _____
Contact Name: _____ Email: _____ Fax: (____) _____
Address: _____ Prov/State _____ Postal Code/Zip _____

Trucking Company Reference: Please provide one transportation company as a reference.
Name: _____ Tel.: (____) _____ Ext. _____
Contact Name: _____ Email: _____ Fax: (____) _____
Address: _____ Prov/State _____ Postal Code/Zip _____

Bank Reference:
Bank: _____ Branch: _____
Acct. Mgr.: _____ Tel.: (____) _____ Fax: (____) _____

Invoices due upon receipt and delinquent at thirty (30) days from billing date. A service charge of 2% per month will be charged on overdue accounts. All freight charges must be paid before any claims can be processed.

Signature of Applicant: _____
Estimated Freight Volume Per Month: \$ _____ Signature of Rosedale Sales Associate: _____

FOR INTERNAL USE ONLY
Table with 6 columns: Date Approved/Revised, By, Date Approved/Revised, By, Date Approved/Revised, By. Includes \$ Amount rows.