



4050A Sladeview Crescent
 Mississauga, ON L5L 5Y5
 Phone: (905) 606 2222
 Fax: (905) 606 2250

CREDIT APPLICATION

Legal name: _____
 Trade name: _____ Telephone no.: _____
 Address: _____ Fax no.: _____
 City: _____ Province (State): _____ Postal Code (Zip Code): _____
 Ownership Type: ___ Corporation ___ Partnership ___ Not For Profit ___ Association ___ Sole Proprietor ___ LLC
 Incorporation Date: _____ Email address: _____ Website: _____

Principal Owners or Officers	Title	Home address and telephone number
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the case of a sole (only) owner or an individual

Name: _____ Residential Address: _____
 Employer name: _____ Employer address: _____
 S.I.N/(SSN): _____ Driver's license no: _____ Date of birth: ___/___/___
Day Month Year

Bank Information

Bank name: _____ Bank address: _____
 Contact name: _____ Telephone number: _____ Fax number: _____
 Account No: _____

General Business Information

Business Type: ___ Manufacturing ___ Wholesale ___ Service ___ Other Sales (last 12 months): \$ _____
 Years in business: _____ Business Number: _____ GST Number: _____
 Expected credit requirement: \$ _____



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Trade References (We require at least THREE REFERENCES where you have established credit (no **prepay** accounts))

Business Name: _____ Address: _____ Prov (State): _____

Contact name: _____ Tele: _____ Fax: _____

Business Name: _____ Address: _____ Prov (State): _____

Contact name: _____ Tele: _____ Fax: _____

Business Name: _____ Address: _____ Prov (State): _____

Contact name: _____ Tele: _____ Fax: _____

SPECIAL AUTHORIZATION

I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by B I Logistics Service Inc. (BILSI) in determining the amount and conditions of credit to extend. I understand that BILSI may also utilize other sources of credit information where necessary in making this determination. Further, I hereby authorize the bank and trade reference listed in this credit application to release the information necessary to assist BILSI in establishing credit worthiness.

Name of Authorized Officer (Please Print)

Signature of Authorized Officer

Title of Authorized Officer

Date



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FOR INTERNAL USE ONLY

Service Requirements

Sales Representative: _____

- r Customs Brokerage _____ (Estimated amount of monthly Entries)
 - r Freight Forwarding _____ (Estimated amount of monthly Freight)
 - r Logistics _____
 - r Warehousing _____
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