



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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