



Credit Application

2788 Portland Dr.
Oakville, ON L6H 6R4

P. 905.829.1884 F. 905.829.8309
mike@mjwtransport.com

Company Information

Company Name _____
Address _____ City _____ Province/State _____
Postal/Zip code _____ Country _____
Telephone (____) _____ Fax (____) _____

Please advise if billing information if different from above.

Legal Name for which the business Operates

In business since: _____

Corporation Partnership Sole Proprietorship LLC

(Please circle the one that applies)

Contact Information

President _____ Tel. # _____ ext. _____
Email _____

Traffic Manager _____ Tel. # _____ ext. _____
Email _____

Accounts Payable _____ Tel. # _____ ext. _____
Email _____

Banking Information

Name of Financial Institution _____ Account # _____
Address _____ City _____ Province/State _____
Telephone (____) _____ Fax (____) _____
Contact _____

*******SEE SECOND PAGE*******

Invoicing Options

Do you offer direct deposit? Yes____ No____

Do you require a copy of the pod with your invoice?Yes____ No____
(POD's will always be available upon request.)

What is your preferred method to receive your invoices?

Email (preferred) Fax Mail

Trade References

Company Name _____ Years doing business _____

Address _____ Tel. # _____

Contact Person _____ Title _____

Company Name _____ Years doing business _____

Address _____ Tel. # _____

Contact Person _____ Title _____

Company Name _____ Years doing business _____

Address _____ Tel. # _____

Contact Person _____ Title _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of credit to be extended.

Credit Amount Requested _____

**Invoices are due and payable within 15 days from the date of the invoice.
**2% discount will apply for any invoice paid within 10 day from the date of the invoice.

Authorized By: _____ Date: _____

Print Name: _____ Title: _____