



# CREDIT APPLICATION

<b>OFFICE USE ONLY</b>
CODE:
CREDIT LIMIT:

## APPLICANT INFORMATION

LEGAL NAME:		TRADE NAME/DBA:		TEL.
ADDRESS:				TOLL FREE:
				FAX:
CITY:	PROVINCE:	POSTAL/ZIP:	E-MAIL:	

<b>BILLING ADDRESS (If different from above)</b>	<b>COMPANY INFORMATION</b>
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NAME:			<input type="checkbox"/> INCORPORATED DATE:	
ADDRESS:			<input type="checkbox"/> PROPRIETORSHIP	
CITY:	PROVINCE:	POSTAL/ZIP:	<input type="checkbox"/> PARTNERSHIP	
GST/TAX ID #:			THIS LOCATION IS: <input type="checkbox"/> HEAD OFFICE <input type="checkbox"/> BRANCH	
PAYMENT METHOD:		<input type="checkbox"/> DIRECT DEPOSIT		
<input type="checkbox"/> VISA		<input type="checkbox"/> MASTER CARD		<input type="checkbox"/> CHEQUE
CREDIT CARD NO.:		EXP. DATE:		
NATURE OF BUSINESS:			YEARS IN BUSINESS:	
A/P CONTACT:		EXT:	E-MAIL:	
OPERATIONS CONTACT:			REQUESTED CREDIT LIMIT:	
PRINCIPAL'S NAME:			TITLE:	

## BANKING INFORMATION

BANK NAME:		TRANSIT #:	ACCOUNT #:
CONTACT:			TELEPHONE: (    )
CITY:	PROVINCE:		TOLL FREE: (    )
POSTAL/ZIP:	E-MAIL:		FAX: (    )

## CREDIT REFERENCES (Include TWO other transportation companies that you are currently doing business with)

REFERENCE COMPANY	CITY	PROVINCE	CONTACT	TELEPHONE	E-MAIL
				(    )	
				(    )	
				(    )	

## TERMS AND CONDITIONS

- The applicant understands and is authorized to agree to the Terms and Conditions of this application, specifically:
- (1) Terms of Sale – Net Thirty (30) days
  - (2) The applicant is responsible for freight charges where the designated party – Prepaid or Collect – does not pay the account.
  - (3) Polaris Transportation Group is authorized to do all credit checks/verifications at any time or times.
  - (4) The information provided in this application is true and current and will be used in providing credit.
  - (5) If there is any dispute the laws of the Province of Ontario will apply.
  - (6) If the account is delinquent the applicant will be responsible for all reasonable legal or collection charges.
  - (7) No oral agreements will override this credit application/agreement.
  - (8) Privacy Policy. Please contact our Legal Department for a copy of our Privacy Policy.

PERSON AUTHORIZED TO SIGN: \_\_\_\_\_

PRINT NAME

SIGNATURE

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**RETURN BY FAX TO: (905) 671-4300    E-mail: [customercare@polaristransport.com](mailto:customercare@polaristransport.com)**

**POLARIS TRANSPORTATION GROUP – 7099 Torbram Road, Mississauga, Ontario, Canada L4T 1G7**  
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