



# Credit Application

## Name/Address

Name of Business:		
Address:		
City:	Prov:	Postal:
Phone:	Fax:	

## Company Information

Type of Business:	In Business Since:		
Legal Form Under Which Business Operates:			
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>			
If Division/Subsidiary, Name of Parent Company:	In Business Since:		
Name of the person responsible for accounting Transactions			Title:
Address:	City:	Prov:	Postal:
Phone:	Fax:		

## Bank References

Institution Name:	Institution Name:	Institution Name:
Checking Account #	Savings Account #:	
Address:	Address:	Address:
Phone:	Phone:	Phone:

## Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:

All invoices are due within fifteen (15) days of the invoice date.  
 It is understood and agreed that Kingsway Transport will add interest on all accounts over fifteen (15) days compounded from the Invoicing date at the rate of 2% (26.88% annually). This rate may be changed without notice. The undersigned certify that all information given is true and correct.  
 Each of the undersigned authorize Kingsway Transport to, at anytime, acquire further credit information using the usual methods and to then share it with any lender, credit bureau or person with whom they expect to maintain a business relationship.

**RETURN BY FAX TO: MR. DANIEL HACHEY AT 514-856-7508.**

Signature:  X \_\_\_\_\_

Date : \_\_\_\_\_