

ELJAY SHIPPING CREDIT APPLICATION

Please fax to: (647) 288-7164

Legal Name of Company: _____

Trade Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Contact: _____ Position/Title: _____

BILLING ADDRESS (If different):

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: () - _____ Fax: () - _____

Contact: _____ Position/Title: _____

Will you accept invoices by email? (Y/N) _____ Email address for billing _____

TYPE OF BUSINESS Proprietorship: _____ Partnership: _____ Corporation: _____

Nature of Business: _____

Years in Business: _____ Credit Limited Required: \$ _____

BANK REFERENCE:

Bank Name: _____

Address: _____

City: _____ Province: ON Postal Code: _____

Telephone: _____ Account Number: _____

Contact: _____ Position/Title: _____

CUSTOMS BROKER: _____ Customs Broker Phone: _____ Fax: _____

TRADE REFERENCE: (Three transport/courier preferred)

Company Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: () - _____ Fax: () - _____

Company Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: () - _____ Fax: () - _____

Company Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: () - _____ Fax: () - _____

CREDIT TERMS: Net 30 Days. The undersigned also authorizes the receiver to proceed with credit investigation as required.

_____|_____|_____

Signature of Customer

Position Held

Date of Application