

BUSINESS CONTACT INFORMATION

Business Name:		Date Business Commenced:	
Title:	Phone Fax:	Email:	
Address:			
Origin City:	Province/State:	Postal/Zip Code:	Check one of the following: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other

BUSINESS & CREDIT INFORMATION

Bank Name:		Account Number:	
How Long have you had an account:	Phone Fax:	Email:	
Address:			
Origin City:	Province/State:	Postal/Zip Code:	Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other:

BUSINESS / TRADE REFERENCES

Company Name:		Phone Fax:	
Type of Account:		Email:	
Address:	City:	Province/State:	Postal/Zip Code:
Company Name:		Phone Fax:	
Type of Account:		Email:	
Address:	City:	Province/State:	Postal/Zip Code:
Company Name:		Phone Fax:	
Type of Account:		Email:	
Address:	City:	Province/State:	Postal/Zip Code:

AGREEMENT

Signature:	
Name and Title:	Date:
Signature:	
Name and Title:	Date:

1. All invoices are to be paid 30 days from the date of the invoice. Claims arising from invoices must be made within seven working days. By submitting this application, you authorize us and companies of affiliation to make inquiries into the banking and business/trade references that you have supplied.

I have read all the Uniform Bill of Lading Terms and Conditions.

Please click link below to send electronically:

SUBMIT APPLICATION

**For questions, contact Pamela Singh: P: 647-928-7763 E: pamela@simconnect.ca
If submitting in person, please visit: 3380 Airway Dr., Mississauga, ON, L4T 1V3**