



Credit Application

Name of Business: _____
 Mailing Address: _____
 City: _____ Province/State: _____ Postal/Zip Code: _____
 Physical Address (if different): _____
 City: _____ Province/State: _____ Postal/Zip Code: _____
 Phone #: _____ Fax #: _____
 Type of Business: _____ In Business Since: _____
 Legal form under which business operates:
 Corporation Partnership Proprietorship Other: _____
 If Division / Subsidiary, Name of Parent Company: _____
 Name of Company Principle Responsible for Business Transactions: _____
 Title of Company Principle Responsible for Business Transactions: _____
 Account Payable Name: _____ Phone: _____ Email: _____

Bank Information

Institution Name: _____
 Address: _____
 Contact: _____ Phone #: _____

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Phone #:	Phone #:	Phone #:
Fax #:	Fax #:	Fax #:

Amount of Credit Requested: _____
 Preferred Payment Method: Cheque EFT Visa

Trade Associations/Groups:
 C-TPAT SVI #: _____

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 the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. I understand that bills are payable within 30 days from the date of billing. Harris Transport reserves the right to charge interest of 2% per month or 24% per annum.