



**FleetWide Products**  
 6810 Kitimat Road Unit # 28  
 Mississauga, ON L5N 5M2  
 phone: 905 362 9333 • fax: 905 817 1987  
 www.fleetwide.ca • creditdept@fleetwide.ca

Account #
Credit Limit:

**APPLICANT INFORMATION**

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

**BILLING ADDRESS (If different from above) COMPANY INFORMATION**

NAME:	o INCORPORATED DATE:	
ADDRESS:	o PROPRIETORSHIP	
CITY:	PROVINCE:	POSTAL/ZIP:
GST/TAX ID #:	THIS LOCATION IS: o HEAD OFFICE o BRANCH	
PAYMENT METHOD:	o VISA o MASTER CARD o CHEQUE o DIRECT DEPOSIT	
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 3 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) The information provided in this application is true and current and will be used in providing credit.
  - (4) If there is any dispute the laws of the Province of Ontario will apply.
  - (5) If the account is delinquent the applicant will be responsible for all reasonable legal or collection charges.
  - (6) No oral agreements will override this credit application/agreement.

DATE	SIGNATURE	TITLE
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Please be sure to sign and date the credit application and fill out all required fields. Fax back to 905-817-1987 or email to creditdept@fleetwide.ca