

Can-Tran Intl. Inc.

Credit Application

Firm's Full Name: _____

Street Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____

Telephone Number: _____ Fax Number: _____

GST Registration Number: _____

General Contact for Customs Purposes: _____

Accounts Payable Manager: _____

Type of Business: _____

Number of Years in Business: _____ Yearly Sales: _____

Credit References

Bank's Name: _____ Account Number: _____

Street Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____

Telephone Number: _____ Fax Number: _____

Previous Customs Broker: _____

1. Company Name: _____

Street Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____

Telephone Number: _____ Fax Number: _____

2. Company Name: _____

Street Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____

Telephone Number: _____ Fax Number: _____

Authorized Signature: _____

Comments: _____

Can-Tran Sales Representative: _____