

5200 Maingate Drive, Mississauga, ON L4W 1G5 Canada

Email: credit@tstoverland.com
 Tel: (905) 625-7500 Fax: (905) 212-6360
 Attn: Credit Department

PLEASE PRINT

BUSINESS INFORMATION

DESCRIPTION OF BUSINESS

Common Name			No. of Employees	Requested Credit Limit
D&B #				
Legal Name			In Business Since	Type of Business
Address			Carrier SCAC Code	
City PR/ST P.C./Zip			<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Division / Subsidiary <input type="checkbox"/> Proprietorship	
Mailing Address			Parent Company and how long in business	
Mailing City PR/ST P.C./Zip			Phone	Fax

COMPANY PRINCIPLES RESPONSIBLE FOR BUSINESS TRANSACTIONS

Name	President/C.E.O	Address	Phone
Name	CFO / Controller	Address	Phone
Name	Accts Payable	Address	Phone

TRADE REFERENCES

Supplier Name	Name of Contact	Address	Telephone	Fax

BANK REFERENCES

Name of Bank	Name of Contact
Branch	Address
Account Number	Telephone

Invoicing / Statement Preference:
 Hardcopy
 Email
 If e-mail, preferred format:
 PDF
 TIF
 XLS

CUSTOMS BROKER INFORMATION (International Freight Only)

Freight to Canada			Freight to the United States		
Border Points	Broker	Agent**	Border Points	Broker	Agent**
Sarnia, ON			Port Huron, MI		
Windsor, ON			Detroit, MI		
Queenston, ON			Lewiston, NY		
Lacolle, QC			Champlain, NY		
Emerson, MB					

**Agent required if broker is not 7/24

* If you ship Canadian Domestic only - check this box

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

It is agreeable that all references be checked before credit is established. **Terms of credit:** All freight invoices are due and payable 15 days from date of invoice. Terms net 15 days. Overdue balance will be subject to interest charges of 2% per month, 24% per annum. All dishonored cheques will be subject to a fee of fifty dollars (\$50.00). All freight charges must be paid before any claim will be processed. If completing this form online, the name entered on the signature line will be deemed as an authorized representative for your company.

SIGNATURE _____	TITLE _____	DATE _____
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THIS SECTION FOR INTERNAL USE ONLY

ACCOUNT # _____	COLLECTOR CODE _____	DATE _____
TERMINAL CODE _____		