



CARTAGE LIMITED

Credit Application

Please Return By Fax to: 905-564-1231 Attention: _____

Company	_____	Phone #	_____
Address	_____	Fax #	_____
City/Prov	_____	Years in Business	_____
Postal Code	_____	Nature of Business	_____
A/P Contact	_____		

Bank Information

Bank	_____	Phone #	_____
Address	_____	Account #	_____
City/Prov	_____	Contact	_____

Trade References

	Name	Contact	Phone #	Fax #
1				
2				
3				

I/we agree that the terms of granted credit are that all accounts are due and payable within 30 days of date of invoice, unless otherwise stipulated in writing and a service charge may be charged to our account at a rate of 1 ½ % per month (18% per annum) on the overdue balance

Name & Title

Authorized Signature