

Credit Application

Please complete the following credit application, signed, and return to dispatch@safetransportinc.ca

Company Name					
Billing Address		Default Shipping Address (If not the same as billing address)			
Telephone # ()		Default Shipping # ()			
Accounts Payable Contact _				Ex	t
Email for Invoicing					
Email for Statements					
Principal(s)	Operating Since				
	Credit Limit Requested				
Payment Option (Check One	e)				
☐ Direct Deposit		☐ Credit Ca	rd [Cheque	☐ Etransfer
Terms Requested:					
☐ On Receipt	☐5 Days	☐ 10 Days	☐ 15 Days	20 Days	☐ 30 Days
•	nd the etransf d to the mailin t to 3% process arge your credi	er, password and g address and m sing fee - credit c	d invoice numbe ake cheque pay ard form attach	rs to dispatch@s able to Safe Tran ed - once filled o	afetransportinc.ca
I (we) understand that freig on account balances over 3	30 days at the		onth. In conne	ction with my app	

Date



Trade References

Please ensure all fields are completed to avoid delays in application process. If you have any questions, please contact us at dispatch@safetransportinc.ca