



Application for Credit Account

Date: _____
Business Name: _____
Alternate Names: _____

Address: _____
_____ Postal Code: _____

Mailing Address: *(if different the above)*
Address: _____

Postal Code: _____
Telephone: () _____ - _____ Fax: () _____ - _____ 800: () _____ - _____
Operating Since: _____ Owners Name: _____

Bank Reference:
Name: _____ Address: _____
Contact: _____ Telephone: () _____ - _____ Account # _____

Credit References: Principal Suppliers

Name Contact Telephone#
1. _____
2. _____
3. _____

Accounts Payable Contact: _____ Telephone: () _____ - _____

Freight Payment Service *(if applicable)*: _____

By signing this application, I hereby agree to the following terms and conditions: I acknowledge and agree that all invoices for service are due and payable within twenty Five (25) days of the date of the invoice. I further warrant that there are no judgements or executions against the business or any of the owners. I authorize Wolverton Transport & Logistics Inc. to obtain any credit information regarding our business as they see fit. Wolverton Transport & Logistics Inc. is further authorized to disclose, in response to direct inquiries from any other lender or credit bureau that Wolverton Transport & Logistics Inc. deems appropriate.

Signed: _____ Name(please print) _____

Date: _____

715 Reaker Rd
Welland, Ontario L3B 5N7
Phone: (905) 866-688-9290
Fax: (905) 813-3938