



The York Transportation Group

Tel: (905) 454-4210
Ont: 1-800-268-0813
U.S: 1-800-388-3928

- ☐ York Transportation Inc.
☐ York Warehousing and Distribution Inc.

CREDIT APPLICATION

LEGAL BUSINESS NAME: _____

BILLING ADDRESS: _____

CITY, PROV, POSTAL CODE: _____

TELEPHONE#: _____ FAX#: _____ YEARS IN BUSINESS: _____

BUSINESS ADDRESS (IF DIFFERENT FROM ABOVE)

STREET ADDRESS/PO BOX: _____

CITY, PROV, POSTAL CODE: _____

IS THE BUSINESS A: CORPORATION: _____ PARTNERSHIP: _____ SOLE PROPRIETOR: _____

PRINCIPAL OWNERS/SIGNING OFFICERS

NAME: _____ TITLE: _____ PHONE: _____

NAME: _____ TITLE: _____ PHONE: _____

ACCOUNTS PAYABLE CONTACT: _____

EMAIL ADDRESS: _____

BANKING INFORMATION

ACCOUNT NUMBER: _____ ACCOUNT MANAGER: _____

NAME: BRANCH: _____

CONTACT NUMBER: _____

TRADE REFERENCES

NAME: _____ PHONE: _____ EMAIL: _____

NAME: _____ PHONE: _____ EMAIL: _____

NAME: _____ PHONE: _____ EMAIL: _____

CREDIT LIMIT REQUESTED: _____ (additional credit may be requested)

NOTE: Credit terms maximum 30 days is strictly enforced. 2 % interest per month (24 per annum) on overdue accounts.

DATE: _____ SIGNATURE: _____ TITLE: _____

CREDIT APPROVED SIGNATURE: _____ DATE: _____

CREDIT DECLINED SIGNATURE: _____ DATE: _____

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