



Priority Logistics Inc.
20255 - 102 Avenue
Langley, BC V1M 4B4

CUSTOMER SERVICE
1-866-909-0014

CREDIT APPLICATION

BUSINESS INFORMATION

LEGAL BUSINESS NAME:	
TRADE NAME/OPERATING AS:	
COMPLETE SHIPPING ADDRESS:	
PHONE #:	FAX #:
INVOICING ADDRESS:	
PHONE #:	FAX #:
Year Current Business Started:	Year Current Ownership Started:
Number of Employees:	Est. Annual Sales for Current Year: \$
Type of Business: <input type="checkbox"/> Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited <input type="checkbox"/> Other _____	

LEGAL BUSINESS NAME:	PREMISES: <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Rented
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CONTACT INFORMATION

A/P CONTACT NAME:	TEL:
E-MAIL ADDRESS:	FAX:
FINANCIAL MANAGER:	TEL:
E-MAIL ADDRESS:	FAX:
HOW SHOULD WE SEND YOUR INVOICES: E-MAIL <input type="checkbox"/> / EDI <input type="checkbox"/> / FAX <input type="checkbox"/> _____	

Principle(s) / Officer(s)

NAME (First & Last):

TITLE:	E-MAIL ADDRESS:
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NAME (First & Last):

TITLE:	E-MAIL ADDRESS:
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BANK INFORMATION

BANK NAME:

ADDRESS:

PHONE #:	FAX #:
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CONTACT:	EXT #:
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ACCOUNT #:	TRANSIT #:
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NOTE: If business in operation more than 1 year and current bank is less than 1 year, please provide previous bank reference

CREDIT REFERENCES (Please Provide Supplier References - do not include utility supplier)

COMPANY NAME:	CONTACT	TELEPHONE #	EMAIL / FAX
1.			
2.			
3.			

Monthly Volume

Sales Representative:

STATEMENT OF AGREEMENT: I understand and agree to allow Priority Logistics Inc. to use the above information and to contact the noted references as part of a credit inquiry regarding this company. I understand that should credit privileges be granted, all invoices are due thirty days from the date of the invoice.

NAME: (Please print) _____ TITLE: _____

SIGNATURE: _____ DATE: _____

Office Use Only - References Checked: _____ Credit Approved: _____ Limit: _____