



General Cartage
SINCE 1949

CUSTOMER CREDIT APPLICATION

Registered Company Name _____

Billing Address _____

City, Province _____ Postal Code _____

Telephone # _____ Fax # _____

Type of Business _____ Length of time in Business _____

Principals 1) _____ Title _____

2) _____ Title _____

Accounts payable Contact _____

Phone # _____ Fax # _____

Financial

Bank _____ Acct # _____ Phone # _____

Address _____ Fax # _____

References

Trade (1) _____ Phone # _____

Address _____ Fax # _____

Trade (2) _____ Phone # _____

Address _____ Fax # _____

Month credit required _____ Salesman _____

**ALL AMOUNTS ARE DUE IN FULL 30 DAYS FROM INVOICE DATE UNLESS
INVOICE STATES OTHERWISE**

Applicant signature _____ Date _____