



**CELEBRATING OUR 20TH YEAR**

TRANSPORTATION

WAREHOUSING

DISTRIBUTION

**APPLICATION FOR A CREDIT ACCOUNT**

Company Name: \_\_\_\_\_

Telephone No : ( ) - \_\_\_\_\_ - \_\_\_\_\_ Fax No: ( ) - \_\_\_\_\_ - \_\_\_\_\_

Email : \_\_\_\_\_

Street Address : \_\_\_\_\_

City : \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Account Payable Contact: \_\_\_\_\_

Nature of Business : \_\_\_\_\_ No of Years in Business: \_\_\_\_\_

Credit Limit Required: \_\_\_\_\_

**REFERENCES**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Contact: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Contact: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Contact: \_\_\_\_\_

Bank Name and Address: \_\_\_\_\_

Telephone No: ( ) - \_\_\_\_\_ - \_\_\_\_\_ Account No: \_\_\_\_\_

*All accounts are due and payable within 30 days from billing. Past due accounts are subject to a service charge of 2% per month. Credit is subject to cancellation without notice and subsequent third party collection. All freight charges must be paid before any claims can be processed.*

*We the above authorize Noram Logistics to make the usual credit inquiries regarding the credit applied for and consent to the disclosure of any information to any credit operating agency or firm with whom the undersigned may have financial dealings.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Company: \_\_\_\_\_ Title: \_\_\_\_\_

**Contact: Brinda Bisceglia**

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