



CREDIT APPLICATION PACKAGE

**CASSIDY'S TRANSFER AND STORAGE LIMITED
1001 MACKAY STREET
P.O. BOX 515
PEMBROKE, ONTARIO
K8A 6X7**

PHONE (613) 735-6881 TOLL FREE (800) 663-6615

CREDIT FAX (613) 735-6170



NAME OF BUSINESS _____

BUSINESS # _____ QUEBEC MATRICULE # _____ CANADA INC. # _____

PHYSICAL ADDRESS _____

CITY _____ PROV/STATE _____ ZIP/POSTAL CODE _____

BILLING ADDRESS _____

CITY _____ PROV/STATE _____ ZIP/POSTAL CODE _____

OWNERSHIP INFORMATION

PROPRIETORSHIP () PARTNERSHIP () LIMITED COMPANY ()

NAME OF PROPRIETOR OR DIRECTORS OF COMPANY

FIRST NAME _____ LAST NAME _____ YEARS EMPLOYED ()

FIRST NAME _____ LAST NAME _____ YEARS EMPLOYED ()

ACCOUNTS PAYABLE MANAGER CREDIT REQUESTED \$ _____

FIRST NAME _____ LAST NAME _____ YEARS EMPLOYED ()

CREDIT REFERENCES

COMPANY _____ CITY _____ PHONE () ____ - _____

COMPANY _____ CITY _____ PHONE () ____ - _____

ACCEPTANCE OF TERMS

IT IS HEREBY AGREED THAT INVOICES ARE TO BE PAID ON A NET 30 DAY BASES.
ALL INVOICES 60 DAYS PAST DUE FROM INVOICE DATE ARE SUBJECT TO BE BROUGHT TO THE ATTENTION OF ALL PARTIES INVOLVED IN THE SHIPMENT WITHOUT NOTICE.
ALL OVER DUE ACCOUNTS ARE SUBJECT TO 2% INTEREST CHARGE PER MONTH(24% YEARLY)
APPLICANT AUTHORIZES CASSIDY'S TO OBTAIN, FILE AND TRADE PERSONAL CREDIT INFORMATION.

PRINT NAME _____ SIGN _____ DATE _____



COMPANY NAME : _____

YOU AUTHORIZE CASSIDY'S TRANSFER AND STORAGE LTD. AND IT'S AGENTS OR ASSIGNS TO EXCHANGE YOUR CREDIT REPORTS AND PERSONAL INFORMATION ON AN ON GOING BASIS WITH CREDIT REPORTING AGENCIES AND PERMIT SUCH ORGANIZATIONS TO VERIFY YOUR PERSONAL INFORMATION IN ORDER TO PROTECT YOU, ENSURE THE COMPLETENESS OF THE INFORMATION AND MAINTAIN THE INTEGRITY OF THE CREDIT GRANTING SYSTEM AND TO CO-OPERATE WITH LOCAL, PROVINCIAL AND NATIONAL AUTHORITIES IN THE INVESTIGATION OF UNLAWFUL OR IMPROPER ACTIVITIES IN ORDER TO PROTECT YOU AND US FROM FRAUDULENT TRANSACTIONS.

YOU ALSO AUTHORIZE US TO OBTAIN A PERSONAL CREDIT INFORMATION REPORT RELATED TO THIS APPLICATION AND TO VERIFY DIRECTLY THE INFORMATION YOU HAVE SUPPLIED ON YOUR CREDIT APPLICATION.

PRINT NAME: _____

SIGN: _____

DATE: _____



RETURN FAX COVER PAGE

TOTAL NUMBER OF PAGES _____

RETURN FAX (613) 735-6170

PLEASE ENSURE YOUR RETURN PACKAGE INCLUDES ALL OF THE FOLLOWING DOCUMENTS.

MUST RETURN THE FOLLOWING

_____ CASSIDY'S CREDIT APPLICATION (SIGNED & DATED)

_____ CASSIDY'S INFORMATION COLLECTION AUTHORIZATION

_____ CREDIT REFERENCES AND BANKING INFORMATION TYPED ON YOUR BUSINESS LETTER HEAD.

THE FOLLOWING IS ONLY REQUIRED FOR CREDIT OVER \$2000.00 CAN. FUNDS.

_____ A LETTER ON YOUR BUSINESS LETTER HEAD REQUESTING THE REQUIRED HIGH CREDIT LIMIT WITH YOUR PAYMENT TERMS OUTLINED IN DETAIL.
(ONLY REQUIRED FOR CREDIT OVER \$2000.00)

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