



CREDIT APPLICATION

Business Information

Company Name: _____
Legal Business Name (if different): _____
Address: _____
City: _____ Province/State: _____
Postal/ZIP Code: _____
Country: _____
Phone Number: _____
Fax Number: _____
Website: _____
Email Address: _____

Business Structure

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Corporation
- ☐ LLC
- ☐ Other: _____

Business Details

Year Established: _____
Number of Employees: _____
Nature of Business: _____
Tax ID/Business Number: _____

Banking Information

Bank Name: _____
Bank Address: _____
City: _____ Province/State: _____
Postal/ZIP Code: _____
Country: _____
Bank Contact Name: _____
Bank Phone Number: _____
Account Number: _____

T. 905-291-2690 | www.colewinlogistics.ca | accounting@colewinlogistics.ca

3065 Universal Drive
Mississauga ON, L4X 2C8

Trade References

1. **Company Name:** _____
Contact Person: _____
Phone Number: _____
Email Address: _____

2. **Company Name:** _____
Contact Person: _____
Phone Number: _____
Email Address: _____

3. **Company Name:** _____
Contact Person: _____
Phone Number: _____
Email Address: _____

Credit Request

Requested Credit Limit: _____
Payment Terms Desired: ☐ Net 5 ☐ Net 14 ☐ Other: _____

Agreement

I, the undersigned, authorize Colewin Logistics Inc. to obtain credit and financial information from the references listed and other credit reporting agencies as necessary to establish credit. I certify that the information provided is true and correct to the best of my knowledge.

Signature: _____
Name: _____
Title: _____
Date: _____