



## Confidential Customer Credit Application

Please complete this form and fax back to (613) 321-9700 or Toll-Free (866) 487-6570.

Thank you for taking a few moments to complete this confidential questionnaire to set up an account with C2C Global Logistics Inc.. Terms for payment are **30 days from delivery of goods.**

PLEASE TYPE DIRECTLY INTO FORM. "SAVE AS" UNDER A DIFFERENT NAME TO SAVE INFORMATION.

### COMPANY INFORMATION

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

Address: \_\_\_\_\_  
Number Street City State • Province Zip • Postal  USA  CANADA

Freight Billing Address:  Same as above  USA  CANADA  
Number Street City State • Province Zip • Postal

Years In Business: \_\_\_\_\_ Web Site Address: \_\_\_\_\_

Purchasing Authority: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ e-Mail: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

### BANK INFORMATION

Bank: \_\_\_\_\_

Account #: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Contact: \_\_\_\_\_

### 3 CREDIT REFERENCES

Supplier Name: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Contact: \_\_\_\_\_

Supplier Name: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Contact: \_\_\_\_\_

Supplier Name: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Contact: \_\_\_\_\_

### AGREEMENT TO TERMS

The undersigned hereby agrees to respect C2C's terms for payment.

\_\_\_\_\_  
Name (Type/Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (DD/MM/YY)