

RETURN TO :
info@transcol.ca

TEL. : 418 695-4181 FAX. : 418 695-5581 TOLL FREE : 1 800 539-4181 www.transcol.ca

REQUEST TO OPEN AN ACCOUNT

COMPANY'S LEGAL NAME : _____

COMPANY NAME : _____

ADDRESS : _____ CITY : _____ PROVINCE : _____

POSTAL CODE : _____ WEB-SITE : _____

TELEPHONE : (____) _____ FAX : (____) _____

OWNERS NAMES : _____

PERSON IN CHARGE OF ACCOUNTS : _____

E-MAIL ADDRESS : _____

FINANCIAL INSTITUTION : _____ TELEPHONE : _____

BRANCH : _____ CONTACT PERSON : _____

ACC No : _____ TRANSIT : _____

SUPPLIERS : 1- NAME : _____ TELEPHONE : _____

ADDRESS : _____

2- NAME : _____ TELEPHONE : _____

ADDRESS : _____

3- NAME : _____ TELEPHONE : _____

ADDRESS : _____

REQUESTED CREDIT : _____ \$ INTENDED TRANSPORT : _____ DATE OF FIRST TRANSPORT : _____
(MONTHLY)

- E-mail to send **Invoices**: _____

- E-mail to send **Account statements**: _____

The first bill must be paid by credit card. Bills are payable within 30 days. There is a 2% monthly interest charge (24% yearly) on overdue accounts.

I agree with the payment terms _____

Initials

I authorise the creditor to investigate the company that I represent and to obtain any information that the creditor may judge relevant. This is also an authorisation to communicate to third parties and to use this information for all purposes that the creditor may judge relevant. I also authorise all third parties concerned to provide to the creditor any information that the creditor may ask for and judge necessary to ask for.

I declare that the above information is true.

Signed at _____ this _____ day of _____ 20____.

SIGNATURE : _____ NAME (Print) : _____

Comments : _____
