

Application For Credit

CONFIDENTIAL

Please complete and submit by Fax: 416-754-0926 or email: credit@csatransportation.com



BILLING & SHIPPING INFORMATION					
Registered Business Name:			Trade Name (DBA):		
Invoicing/Billing Address:			Shipping/Receiving Address (if same indicate "same" below):		
City:	State/Prov:	Zip/Postal:	City:	State/Prov:	Zip/Postal:
Principals (Partners/Owners/Officers – Name and title: Name: Title: Name: Title:			Shipping/Receiving Contact: Name: Title:		
Phone/Ext:		Mobile:	Phone/Ext:		Fax:
Email:			Email:		
Sole proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Other:		
Business Established (Month/Year):	Type of Business:	Primary Commodity:	Appointment Required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Controller/AP Contact Name: Phone: Email:			Requested Credit Limit (Monthly Transportation Expenses):		
*Billing Requirements (Copies Only): EMAIL Invoice ONLY: <input type="checkbox"/>		BOL: <input type="checkbox"/>	POD: <input type="checkbox"/>	REF NO: <input type="checkbox"/>	OTHER:
Canadian Customs Broker:			U.S. Customs Broker:		
Tel:		Fax:	Tel:		Fax:
Email:			Email:		
BUSINESS BANKING INFORMATION					
Name of Bank:			Address:		
City:	State/Prov:	Zip/Postal:	Phone:		
Account Manager:		Email:	Fax:		
Branch, Institution No./Routing No:			Account No:		
BUSINESS/TRADE REFERENCES					
Company Name:					
Phone:		Fax:	Email:		
Company Name:					
Phone:		Fax:	Email:		
Company Name:					
Phone:		Fax:	Email:		
CSA TERMS AND CONDITIONS					
CSA Transportation terms are full payment within 30 days of the date of the invoice. OAC CSA's credit terms and conditions can be found in our CSA Tariff # 1044. Full details at www.csatransportation.com/terms-conditions .					
AUTHORIZED OFFICER or OWNER/PARTNER					
Name (print):		Title:	Signature:		

Print Form