



V4ULOGISTIC INC.

CREDIT APPLICATION

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BUSINESS CONTACT INFORMATION

Company/Legal name:	Date business commenced:	
Business reg. #:	<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership
Phone:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
Fax:	Email:	
Registered company address:		
City, Prov/State, Zip/Postal Code:		

BUSINESS AND CREDIT INFORMATION

Primary business address:	Bank name:
	Branch:
How long at current address? ____ Years ____ Months	Bank phone #:
Primary business phone:	Account number:
Primary business fax:	Type of account: <input type="checkbox"/> Savings <input type="checkbox"/> Chequing <input type="checkbox"/> Other
Accounts payable contact person:	Accounts payable email:
Accounts payable contact number/Ext.:	

BUSINESS/TRADE REFERENCES

Company name 1:	Phone:
Address:	Fax:
City/State/Zip:	Email:
Type of account:	Other:
Company name 2:	Phone:
Address:	Fax:
City/State/Zip:	Email:
Type of account:	Other:
Company name 3:	Phone:
Address:	Fax:
City/State/Zip:	Email:
Type of account:	Other:

AGREEMENT

All invoices are to be paid 30 days from the date of the invoice. For all overdue payments, 24% compounded annual interest late fee will be charged. Claims arising from invoices must be made within seven working days. Account privileges may be withdrawn if the account falls into arrears. By submitting this application, you authorize GIGG Express to make inquiries to all credit reporting agencies, banks and business/trade references that you have supplied. Further, you certify that all information provided in this credit application is correct.

Applicant's Name:	Title:
Signature:	Date: