



Tel: 514.735.1221 Fax: 514.735.0507  
 Attn: Credit Department  
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**BUSINESS INFORMATION**

**DESCRIPTION OF BUSINESS**

Common Name		No. of Employees	Requested Credit Limit
D&B #			
Legal Name		In Business Since	Type of Business
Address		Carrier SCAC Code	
City PR/ST P.C./Zip			
Mailing Address		Parent Company and how long in business	
Mailing City PR/ST P.C./Zip		Phone	Fax

**COMPANY PRINCIPLES RESPONSIBLE FOR BUSINESS TRANSACTIONS**

Name	President/C.E.O	Address	Phone
Name	CFO / Controller	Address	Phone
Name	Accts Payable	Address	Phone

**TRADE REFERENCES**

Supplier Name	Name of Contact	Address	Telephone	Fax

**BANK REFERENCES**

Name of Bank	Name of Contact
Branch	Addi
Account Number	Telephone

**CUSTOMS BROKER INFORMATION (International Freight Only)**

**Freight to Canada**

**Freight to the United States**

Border Points	Broker	Agent**	Border Points	Broker	Agent**
Sarnia, ON			Port Huron, MI		
Windsor, ON			Detroit, MI		
Queenston, ON			Lewiston, NY		
Lacolle, QC			Champlain, NY		
Emerson, MB					

\*\*Agent required if broker is not 7/24

**CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY**

It is agreeable that all references be checked before credit is established. **Terms of credit:** All freight invoices are due and payable 15 days from date of invoice. Terms net 15 days. Overdue balance will be subject to interest charges of 2% per month, 24% per annum. All dishonored cheques will be subject to a fee of fifty dollars (\$50.00). All freight charges must be paid before any claim will be processed. If completing this form online, the name entered on the signature line will be deemed as an authorized representative for your company.

SIGNATURE	TITLE	DATE
<b>THIS SECTION FOR INTERNAL USE ONLY</b>		
ACCOUNT #		
REPRESENTATIVE		DATE