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 Toll Free 1.866.657.6555
www.mjsameritrans.com

Credit Application Information

Name/Address

Name of Business:		
Address:		
City:	Prov/State:	Postal/Zip:
Phone:	Fax:	

Company Information

Type of Business:	In Business Since:	
Legal Form Under Which Business Operates:		
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>		
If Division/Subsidiary, Name of Parent Company:	In Business Since:	
Name of the person responsible for accounting Transactions:		Title:
Address:		
City:	Prov/State:	Postal/Zip:
Phone:	Fax:	

Bank References

Institution Name:	Institution Name:	Institution Name:
Checking Account #	Savings Account #:	
Address:	Address:	Address:
Manager:		
Phone:	Phone:	Phone:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:

Credit Agreement: The undersigned certifies that the information supplied is correct and authorizes MJS AmeriTrans Logistics Inc., at any time, to acquire further credit information using the usual methods and to then share it with any lender, credit bureau or person with whom they expect to maintain a business relationship.

Payment Terms: All invoices are due within fifteen (15) days of the invoice date.

Signature: _____ Date: _____