

519-787-0441 • 1-888-505-NICK • Fax 519-787-2626 (6425)

## **CREDIT APPLICATION (CONFIDENTIAL)**

Dear Customer:

We are eager to serve your Courier and Delivery needs. Please provide us with the following information, so that we can open a credit account for you. Thank you.

		Representative Nick's Quick Delivery
Business Name: Co	ontact Name:	
Shipping Address:	City:	Postal Code:
Mailing Address if different:	City:	Postal Code:
Type of Business:	Phone No.: (	)
Years in Business: Fax No.: ()		
Bank: Branch Addre	ess:	City:
Estimated Monthly Credit Required:		
Purchase Order Used Yes No Statement Required	l Yes No	
CREDIT TERMS		
The undersigned hereby agrees that the terms of s	sale are Net 7 days	(Unless otherwise agreed).
2% per month service charge on overdue account charge will be added to all N.S.F. cheques.	s. All rates are subj	ect to 13% HST. A \$20.00 service
Authorized Signature:	_Name:	
Title: Date:		
For Offi	ce Use Only	
Approved line of Credit: \$	Anticipated Mor	nthly Volume:
Zone # 1 2 3 4 5 6 7 Corporate Discount %	Terms Net <sup>2</sup>	7 14 30 EOM 10