

FOR OFFICE USE:

DATE: _____

INITIALS _____

ACCOUNT # _____

WAYBILLS _____

588 Edward Ave Suite 32 • Richmond Hill • Ontario • L4C 9Y6 • P: 416-923-0029 or 905-884-3999 •
F: 905-884-9452 E: sales@bossexpress.ca

APPLICATION FOR CREDIT

COMPANY NAME: _____

BILLING ADDRESS _____ P/C _____

CONTACT FOR ACCOUNTS PAYABLE: _____

PHONE # / DIRECT LINE: _____ EXTENSION: _____ FAX# _____

EMAIL ADDRESS: _____

DELIVERY ADDRESS: _____ P/C: _____

CONTACT PERSON FOR DELIVERIES: _____

PHONE # / DIRECT LINE: _____ EXTENSION: _____

EMAIL ADDRESS: _____

OF YEARS IN BUSINESS: _____ TYPE OF BUSINESS: _____

SAME DAY COURIER USED PRIOR TO BOSS EXPRESS: _____

HOW DID YOU FIND OUT ABOUT BOSS EXPRESS: _____

APPROXIMATE BILLING PER MONTH: _____

BANK: _____ BRANCH: _____ PHONE: _____

TRADE REFERENCES: _____ PHONE: _____ FAX: _____

PLEASE BILL ME: MONTHLY ___ TWICE MONTHLY ___ WEEKLY ___

TERMS OF PAYMENT:

Payment due upon receipt of invoice. By dealing with Boss Express Courier Services Inc. you agree that all invoices are due upon receipt. Payment of an amount due on your account received by us more than 30 days after the invoice date is subject to a late payment charge of 1% per month compounded monthly on the delinquent amount. Accounts may be placed on credit hold if payment is not received within 30 days. A deposit may be required for new businesses or accounts that are delinquent in paying invoices.

SIGNED: _____ POSITION: _____

NAME (PRINTED): _____ DATE: _____

THANK YOU FOR CHOOSING BOSS EXPRESS COURIER SERVICE INC. WE LOOK FORWARD TO SERVING YOU!
FAX TO: (905) 884.9452 FILL THIS FORM OUT ONLINE THEN PRINT SIGN & FAX