

Please fill in the following credit information and email it to ar@enviro-eze.com or fax it to 519-669-8301 BUSINESS CONTACT INFORMATION

Company Name:			
Phone:	Fax:	Email:	
Company Address:			
City:		Province:	Postal Code:
President:		Business Est:	
GST / HST #			
	BUSIN	IESS AND CREDIT INFORMATIO	N
Primary Business Add	ress:		
City:		Province:	Postal Code:
Phone:	Fax:		
Accounts Payable Contact:		Accounts Payable Email:	
Bank Name:			
Bank Address:		Phone:	
City:		Province:	Postal Code:
	BU	JSINESS / TRADE REFERENCES	
Company Name:			
Address:			
City:		Province:	Postal Code:
Phone:	Fax:	Email:	
Contact Person:			
Company Name:			
Address:			
City:		Province:	Postal Code:
Phone:	Fax:	Email:	
Contact Person:			
Company Name:			
Address:			
City:		Province:	Postal Code:
Phone:	Fax:	Email:	
Contact Person:			

AGREEMENT / TERMS

- 1. All Invoices are to be paid 30 days from the date of the Invoice.
- 2. Claims arising from Invoices must be made within 7 working days.
- 3. By submitting this application, you authorize **Enviro-Eze Transport** to make inquiries into the banking and business/trade references that you have supplied.

DISCLAIMER

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