



1030 Salk Road  
Pickering, Ontario  
L1W 3C5 Canada

**CREDIT APPLICATION**  
www.cam-scott.com

Please copy or remove this sheet and fill out this form as completely as possible. Remember that all the information will be kept confidential. Fax the completed form to Cam-Scott Revenue Accounting, FAX number: (905) 831-0199.

Once all the information has been reviewed, we will contact you.

**THANK YOU FOR CHOOSING CAM-SCOTT AS YOUR SHIPPING PROVIDER FOR FRESH, FROZEN OR DRY GOODS.**  
(Note payment of freight bills is due within 15 days of receipt of invoice)

Date of application (dd/mm/yyyy) \_\_\_\_\_ Desired Credit Limit \$ \_\_\_\_\_

**COMPANY INFORMATION**

Legal Name of Business \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal /ZIP Code \_\_\_\_\_ Country \_\_\_\_\_  
Email Address \_\_\_\_\_ Web Site Address \_\_\_\_\_  
Trade Name or DBA/AKA, if applicable \_\_\_\_\_

**MAILING/BILLING INFORMATION**

Street Address \_\_\_\_\_  
City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal /ZIP Code \_\_\_\_\_ Country \_\_\_\_\_  
Type of Business: Corporation Partnership Individual  
City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal /ZIP Code \_\_\_\_\_ Country \_\_\_\_\_  
Years in Business \_\_\_\_\_ D-U-N-S Number \_\_\_\_\_  
Nature of Business \_\_\_\_\_  
Is your Company publicly traded? Yes No If so, what is the Company's symbol? \_\_\_\_\_  
Approximate Number of Shipments Per Month: Inbound \_\_\_\_\_ Outbound: \_\_\_\_\_  
Billing Requirements: \_\_\_\_\_  
Does your company accept electronic invoicing? Yes No Pay by EFT ACH?  
Individual or department responsible for the payment of freight charges: \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Extension \_\_\_\_\_ FAX \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

**PARENT COMPANY INFORMATION, IF APPLICABLE**

Company Name \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal /ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

**CREDIT INFORMATION/REFERENCES**

Please describe your approval process from receipt to release of payment (if you require more room, use back of form or separate page): \_\_\_\_\_

**Please provide vendor references.**

Vendor Business Name \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal /ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

Vendor Business Name \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal /ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

-----  
**Please provide two carrier references.**

Carrier Business Name \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal /ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

Carrier Business Name \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal /ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

-----  
**Please provide a bank reference.**

Bank Name \_\_\_\_\_  
Branch: \_\_\_\_\_ Contact Person/Title: \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal /ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

-----  
**ADDITIONAL INFORMATION**

Has your Company ever filed bankruptcy? Yes No  
Has your Company ever had legal collection activity taken against it? Yes No  
If yes, please explain on a separate page.

-----  
Name of individual completing this application: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Extension \_\_\_\_\_ FAX \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

**THANK YOU FOR CHOOSING  
CAM-SCOTT TRANSPORT LTD.**

Should you require assistance in the completion of this application, please call 905-831-3656  
between the hours of 8 a.m. and 5 p.m. EST Monday-Friday.

***All information on this form will be held in the strictest confidence.***

**FAX THIS COMPLETED FORM TO THE CAM-SCOTT REVENUE ACCOUNTING DEPARTMENT, (905) 831-0199.**