



1900 Boundary Road,  
Whitby, Ontario  
L1N 8P8

**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 905-438-1802 or Email [acuningham@cam-scott.com](mailto:acuningham@cam-scott.com) the completed form

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

**THANK YOU FOR CHOOSING CSI 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 INTERNATIONAL, INC.**

-----  
Should you require assistance in the completion of this application, please call 905-438-9555  
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.**