



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 acunningham@cam-scott.com the completed form

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) 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.