



Beacon Transit Lines Inc.

Address: 11 Blair Drive, Brampton, Ontario L6T 2H4

Phone: (416) 674-7676 or (905) 450-1718

Fax: (416) 674-5733 or (416) 674-2293

CONFIDENTIAL CREDIT APPLICATION

www.beacontransit.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 Beacon Transit Lines Inc., Administration
FAX number: (416) 674-5733.

Once all the information has been reviewed, we will contact you.
**THANK YOU FOR CHOOSING BEACON TRANSIT LINES INC. AS YOUR SHIPPING PROVIDER
FOR FRESH, FROZEN OR DRY GOODS.**
(Note payment of freight bills is due within 15 days of receipt of invoice)

LEGAL NAME OF COMPANY: _____

TRADE NAME or DBA/AKA, if applicable _____

ADDRESS _____

CITY _____ PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: _____ - _____ - _____ FAX NUMBER: _____ - _____ - _____

TYPE OF BUSINESS

Proprietorship _____ Partnership _____ Corporation _____

Nature of Business: _____ Years in Business: _____

BANK REFERENCE

BANK NAME: _____

ADDRESS _____

CITY _____ PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: _____ - _____ - _____ ACCOUNT NUMBER: _____

CONTACT: _____ POSITION/TITLE: _____

TRADE REFERENCES: (TWO)

COMPANY NAME: _____

CITY: _____ PROVINCE: _____

TELEPHONE: _____ - _____ - _____ CONTACT: _____

COMPANY NAME: _____

CITY: _____ PROVINCE: _____

TELEPHONE: _____ - _____ - _____ CONTACT: _____

CREDIT TERMS ARE NET 15 DAYS

THE UNDERSIGNED ALSO AUTHORIZES BEACON TRANSIT LINES INC. TO PROCEED WITH CREDIT INVESTIGATION AS REQUIRED.

SIGNATURE POSITION HELD DATE