

PS CUSTOMS BROKER INC.

269-7025 TOMKEN ROAD, MISSISSAUGA, ON L5S 1R6 TEL: 905-795-9414 FAX: 905-795-9405

CREDIT APPLICATION

Company

Legal Name _____
Billing Address _____
City _____
Postal code _____
Telephone _____
Fax _____
Account No. _____
Contact _____

Bank

Incorporation # _____ Sales Tax Exemption _____

Principal #1

Name _____
Home Address _____
Home Telephone _____

Principal #2

	Reference #1	Reference #2	Reference #3
Company Name			
Contact			
Address			
Telephone			
Fax			

I / We hereby authorize you, for the purpose of verification and credit information, to make contact with our references and / or exchange information with various financial institutions and credit bureaus.

Name _____
Date _____ Signature _____

PERSONAL GUARANTEE: (Must be filled by your principals)

The undersigned _____ (the guarantor) jointly, severally and unconditionally guarantees payment of all present and future accounts due in capital and interest to PS Customs Broker Inc.

Date _____
Driver's License _____
Visa / AMX/MC _____

Signature _____
S.I.N. _____
Expiry date _____