



Company _____ Date: _____
 DBA (If different from above) _____ Phone: _____
 Street Address: _____ Fax: _____
 City, Prov, PC: _____ website: _____
 Business Type Sole Proprietorship Partnership Corporation
 Years in Business: _____ GST/HST No.: _____ PST No.: _____ D & B (Duns) No.: _____
 Gross Revenue Current Year: \$ _____ Last year: \$ _____
 Number of Employees: _____ Net Worth: _____

Credit Requirements:
 Credit Line Requested: \$ _____ (Estimated) Annual Purchases: \$ _____

Please List Partners or 3 Corporate Officers:

Name and Title	Phone No.	Fax No.	Email
1. _____			
2. _____			
3. _____			

Provide Contact Information:

Purchasing: Phone No. _____ Fax No. _____ Email _____
 Accounts Payable: Phone No. _____ Fax No. _____ Email _____

Please Provide Bank References and Authorization to Obtain Banking Information:

1 – Bank Name and Address _____ Fax No. _____ Email _____
 Contact and Phone _____ Account No. _____

2 – Bank Name and Address _____ Fax No. _____ Email _____
 Contact and Phone _____ Account No. _____

Authorization to Release Banking Information

I do hereby authorize (the bank) _____ to release information concerning my chequing account(s) No. _____ and information on any loans outstanding with the bank to Interprovincial Traffic Services, Unit 1, 2153 – 192nd Street, Surrey, BC V3S 3X2 for credit purposes.

Signature: _____ Title: _____ Date: _____

Please Provide Five Trade References:

1. Company Name	Contact:	Phone No.
Address	Fax No.	Account No.
2. Company Name	Contact:	Phone No.
Address	Fax No.	Account No.
3. Company Name	Contact:	Phone No.
Address	Fax No.	Account No.
4. Company Name	Contact:	Phone No.
Address	Fax No.	Account No.
5. Company Name	Contact:	Phone No.
Address	Fax No.	Account No.

The undersigned certifies that all of the information contained herein and any attachments are true and correct to the best of his/her information, knowledge, or belief and authorizes Interprovincial Traffic Services to contact any and all suppliers to get trade ratings deemed necessary to establish an account. The undersigned agrees to a service charge of (2%) per month, compounded daily on the unpaid balance until the account is paid in full, in addition to any reasonable attorney fees or other collection expenses.

Signature: _____ Title: _____ Date: _____