

Steele's Transfer Ltd. Steele's Total Logistics Ltd.

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APPLICATION FOR CREDIT ACCOUNT				
Name:				
Address:				
City:	Prov:		Postal code:	
Phone number:		FAX:		
E-mail:		Website:		
	Billing Office A	ddress(if d	ifferent than ab	pove)
Name:				
Address:				
City:	Prov:		Postal code:	
Phone number:		FAX:		
E-mail: (for us to send invoices to) Amount of Credit being requested:				
Type of Busines:	Desc	cription of I	Business	
Business Structure (So	ole Proprietorship Co.	rn Partners	hin etc):	
Years in Business:		f Employee:		GST #:
Acct. Payable Contact:		Linployee	E-mail:	401 11.
Phone #:		Extension		Fax:
1 Ποπο π.	E	Bank Inform		i ax.
Name of Bank:		ank inform	lation	
Bank Address:				
Account number:		7	ransit number:	
Contact:		Phone :	ransit namber.	
Ooritaot:	7	rade Refer	ences	
#1 Firm Name:	•		311000	
Contact:				
Address:				
City:	Prov:		Postal Code	
Phone #:		Fax #:	r ootar oodo	
E-mail:		1. 45. 11.		
#2 Firm Name:				
Contact:				
Address:				
City:	Prov:		Postal Code	
Phone #:	L	Fax #:		
E-mail:		.1		
#3 Firm Name:				
Contact:				
Address:				
City:	Prov:		Postal Code	
Phone #:	<u> </u>	Fax #:		
E-mail:	•			
Principals and Terms				
Name of Principal Officers				
Name			Title:	
Name			Title:	
TERMS&CONDITIONS: Submitting this Application for Credit also indicates your acceptance of Steele's Transportation Group Terms & Conditions and any additional charges as explained on Steele's Value Added Services guide. Both of these documents are published and available at www.steelesgroup.com				

Signature of Principal Officer: ______ Title: _____ Date: _____