

Kiranwest Transport & Logistics Group

Ph. 604-282-6094 • Fx. 604-525-6414 • Wb. www.kiranwest.ca



Credit Application

Business Information

Company's Full Name: _____			
Address: _____			
City: _____	Prov/ State: _____	Postal/ Zip: _____	
Phone #: _____	Fax #: _____	Website: _____	
Principal Owner/ Officer Name and Title: _____			
Billing Contact: _____		In Business Since: _____	

Bank Information

Company's Full Name: _____	
Telephone #: _____	Contact: _____

Credit References

Company's Name: _____		
Address: _____		
Phone #: _____	Fax #: _____	Contact: _____

Company's Name: _____		
Address: _____		
Phone #: _____	Fax #: _____	Contact: _____

Company's Name: _____		
Address: _____		
Phone #: _____	Fax #: _____	Contact: _____

Please read carefully & sign:

The undersigned consents to obtaining of credit and/or personal information as may be required at any time in connection with the credit hereby applied for or any renewal or extension thereof and the disclosure of any credit reporting agency or to any person with who the undersigned has or proposes to have financial relations. The undersigned authorizes Kiranwest Transportation, Ltd to obtain or exchange any personal information with any personal agent towards establishing or verifying my financial standing. This credit application must be signed by an officer of the company or by a person in payment authority. Kiranwest Transportation, Ltd terms are net 30 days from the date of shipment.

Applicant's Name: _____ **Applicant's Title:** _____

Applicant's Signature: _____ **Date:** _____