

129 Main Street South, Georgetown, ON L7G 3E5
Tel: (905) 206 8999 Toll Free: 1-888-272-3343 Fax: (905) 206-9515

DATE:

## **CREDIT APPLICATION**

BUSINE	SS INFORMATION		<b>DESCRIPTION OF BUSINESS</b>		
Name of Business:			TYPE OF BUSINESS:		
			IN BUSINESS SINCE	E:	
Legal (if different):					
Address:				IESS STRUCTURE	
City:	Province:		Division/Subsidiary_		
Postal Code	Phone:		Name of Parent Com How Long in Busines	npany ss	
DUNS#					
		BANK REFER	ENCES		
Name of Bank:			Contact Name:		
Branch:			Years of Association	1:	
Account No.:			Telephone Number:		
		TRADE REFER	DENCES		
Company Name				Phone:	
Company Name:				Phone:	
Company Name:				Phone:	
sempany Name					
CONFIR	MATION OF INFORMA	TION ACCURACY	AND RELEASE OF A	UTHORITY TO VERIFY	
LINCOLN INTERNA	TIONAL FREIGHT SERVICE	ES INC. Further I hereby	authorize the bank and tra	is credit application is for use by de references listed in this credit RVICES INC. In establishing a line of	
SIGNATURE		TITLE		DATE	