



# Credit Application

201 North Service Road  
Burlington, Ontario L7P 5C4  
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**TERMS for Payment Net 30 :**  
Please Initial Agreement to Net 30 Terms

Legal Company Name: \_\_\_\_\_

Affiliate Company Name (if any): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_

Postal Code \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Tel (if different) \_\_\_\_\_

### Company Owner(s) – Principals

### Business Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Prov \_\_\_\_\_  
Postal Code \_\_\_\_\_ E-Mail \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax \_\_\_\_\_

Type of Ownership \_ Individual \_ Partnership \_ Corporation  
Type of Business: \_\_\_\_\_  
# years in Business \_\_\_\_\_  
**Credit Requested \$** \_\_\_\_\_

### Bank Information

Name of Bank \_\_\_\_\_ Transit \_\_\_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_ Account Manager \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

### Trade References

	City	Phone	Fax
1.			
2.			
3.			

### Application must be completed in its entirety to facilitate processing

- We/I make this application for a charge account and give Ippolito authorization to obtain and report Business information and Personal credit information on the principals of this company including detailed bank reports for the purpose of opening this account and monitoring it for this business relationship.
- We/I authorize the exchange of business and personal information on an ongoing basis with credit bureaus and trade suppliers in order to protect and ensure the completeness of the information and to maintain the integrity of the credit granting system.
- We/I authorize the co-operation with local, provincial and national authorities in the investigation of unlawful or improper activities in order to protect both parties from fraudulent transactions.
- We/I authorize the disclosure of business and personal information where necessary to protect your interests, and ours.
- We/I hereby agree to pay all invoices within the terms stated (Net 30 days) on all invoices plus 2% interest on all overdue accounts.

**Applicant's Name** \_\_\_\_\_

**Signing Officer** \_\_\_\_\_

**Date** \_\_\_\_\_

Credit Limit Recommended: \$ \_\_\_\_\_ Authorized by: \_\_\_\_\_ Credit Limit Approved \$ \_\_\_\_\_