



CREDIT APPLICATION

Van-Kam Freightways Ltd.
10155 Grace Road, Surrey
BC, Canada V3V 3V7
Email: Credit@vankam.com
Fax: (604) 587-9876
Phone : (604) 582-7451

Name of Business _____
Address _____ City _____ Postal Code _____
Contact _____ Phone # _____ Fax: _____
Delivery Address _____ City _____ Postal Code _____
Type of Business _____ Close Time for Pickup _____ Years in Business _____
Name(s) of Principals:

Name Title Name Title

You will be automatically enrolled in PDF electronic invoicing – please provide the email address you wish the billing to go to: _____

Trade References: 1 Name _____ Address _____
Phone # _____
2 Name _____ Address _____
Phone # _____
3 Name _____ Address _____
Phone # _____

Bank _____ Branch _____ Phone _____
GST # (if applicable) _____

Credit Limit Requested _____ Monthly _____ Annually _____

CONDITIONS OF EXTENSION

To ensure continuance of applicable discounts, accounts must be kept current.

I (We) hereby authorize Van-Kam Freightways Ltd. to whom this application is submitted, to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit amount or for any other direct business requirements.

Date _____ Signed _____
Title _____

FOR OFFICE USE
Approved _____ Credit Limit _____
Declined _____ Terminal _____
Date _____ Account # _____