1695 Drew Rd #3, Mississauga L5S 1J5
905-625-1745
www.aaaexpressonline.com

Credit Application

Company Name _____

Address_____

City_____ Province_____ Postal Code_____

Contact_____ Phone #_____

Business Industry_____ How long has your company been in business?_____ years

Credit requested:_____

Accounts Payable Department:

Contact_____ Phone #_____

Email address_____

Shipping Dept:

Contact_____ Phone #_____

Email address_____

Bank Information:

Bank_____ Account #_____

Address_____

Contact name/phone/email_____

References:

1. Company name_____
   Contact name/email address_____
2. Company name_____
   Contact name/email address_____
3. Company name_____
   Contact name/email address_____

*By signing this agreement, you provide authorization for AAA Express to contact your trade references as a part of our approval process. In addition, you acknowledge that our payment terms are Net 15 days, and that you have reviewed and acknowledge our Terms & Conditions (https://aaaexpressonline.com/terms-and-conditions/).

Name printed_____ Title_____

Signature_____ Date_____