

# New Customer Package

## **Application for Credit account**

Name:

Address:

Phone #:

Fax#:

Email:

Website:

## **Billing Office Address(if different than above)**

Name:

Address:

Phone #:

Fax#:

Email ( for invoices):

Website:

## **Description of Business**

Type of Business:

Years in Business:

GST #:

Acct. Payable Contact:

E-mail:

Phone#:

Extension:

Fax#:

<b>Bank Information</b>
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Name of Bank and Address:
Account Number:
Transit Number:
Contact information:

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

By signing this form, the customer is agreeing to SwitchX Deliver Experts Inc. TERMS & CONDITIONS.

<b>Additional Contacts:</b> (shippers after hour contact etc.)
1#
2#
3#

**As a part of our services every customer will be provided with a username and password to login to the account on our website from where they can place and track their orders and check there waybills.**

( Most of our orders are placed online through customer's account.)

### **Invoicing Details**

SwitchX Delivery Expert Inc. prefers to email our invoices to our clients, please provide an appropriate email address that we can use for this purpose

Email address: \_\_\_\_\_

Indicate if you require copies of the waybills, B.O.L.'s or other documentation to accompany our invoice \_\_\_\_\_

In case no email is available please provide

Fax#: \_\_\_\_\_

Mail address: \_\_\_\_\_