



Application Addendum

CANADA

BANK INFORMATION

Bank Name:			
Contact Name:	Title:	Phone:	
Address:	City:	Province:	Postal Code:

SUPPORT INFORMATION

Name of Accountant:		Firm:	Phone:	
Address:	City:	Province:	Postal Code:	
Name of Attorney:		Firm:	Phone:	
Address:	City:	Province:	Postal Code:	

FOR TRANSPORTATION/TRUCKING:

MC Number:	USDOT #:	Type Authority:
# Company Trucks:	# Owner/Operators:	# Trailers/Type:

ACCOUNT DEBTORS Please provide the following information on your top ten account debtors, based on sales volume.

Company Name	Contact Name	Home Office Address	Home Office Phone	Credit Needed
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

PLEASE ATTACH THE FOLLOWING ITEMS

<input type="checkbox"/> Current Personal Financial Statements (on Pathward form)	<input type="checkbox"/> Clear Photocopy of Valid Driver's License or Valid Passport
<input type="checkbox"/> Current Customer (Account Debtor) List (include name, address, phone)	<input type="checkbox"/> Copy of Insurance Certificate (Transportation Only)
<input type="checkbox"/> Five (5) Invoice Copies with corresponding documentation (Contracts, Purchase Orders, Bills of Lading, Signed Time Cards)	<input type="checkbox"/> Corporate / Business tax returns (last year)