



www.valueway.ca; www.valueway.net

VC-2011.07.04

Toronto Headquarter
80 Galaxy Blvd., Unit 20
Toronto, ON, M9W 4Y6
Tel: 416-297-8333
Fax: 416-800-4551

CUSTOMER INFORMATION AND CREDIT APPLICATION FORM

CUSTOMER ACCOUNT NUMBER WITH VALUWAY: Official Use Only

IF YOU ARE A LIMITED COMPANY, PARTNERSHIP OR SOLE PROPIETORSHIP:

COMPANY NAME:
ADDRESS:
CITY: PROVINCE: POSTCODE:
IN BUSINESS SINCE: BUSINESS NUMBER/GST #:
TELEPHONE: ( ) FAX: ( )
E-MAIL:
CONTACT PERSON RE: ACCOUNTS PAYABLE MATTERS:
OWNERS NAME:

IF YOU ARE A LIMITED COMPANY, LIST THE OFFICERS:

PRINCIPAL'S NAME & TITLE HOME ADDRESS TELEPHONE
1) ( )
2) ( )

IF YOU ARE AN INDIVIDUAL, PARTERNSHIP OR SOLE PRORIETORSHIP:

FULL NAME: DATE OF BIRTH:
DRIVER'S LICENSE NUMBER: (CARD COPY REQUIRED\*)

BANK REFERENCES:

BANK NAME: ACCOUNT NUMBER:
BRANCH ADDRESS: POSTCODE:
ACCOUNT MANAGER TEL: ( ) FAX: ( )

TRADE REFERENCES:

NAME: TEL: ( ) FAX: ( )
CONTACT: CREDIT LIMIT: PAYMENT TERM:
NAME: TEL: ( ) FAX: ( )
CONTACT: CREDIT LIMIT: PAYMENT TERM:
NAME: TEL: ( ) FAX: ( )
CONTACT: CREDIT LIMIT: PAYMENT TERM:



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**CREDIT AMOUNT REQUESTED**

CAD\$ \_\_\_\_\_ (MONTHLY PURCHASES)

NOTE: IF CREDIT AMOUNT EXCEEDED-ADDITIONAL INFORMATION MAY BE REQUIRED

APPLICANT (PRINT NAME): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

The above information is warranted to be true and is provided for the purpose of a credit investigation by VALUEWAY GLOBAL LOGISTICS INC. In the event credit is granted I/We agree to abide by your terms of sale which are **NET 7 DAYS from invoice date**. I/We also agree to pay interest at the rate of 2.35% per month (28.20% per year) on overdue amounts if approved by VALUEWAY GLOBAL LOGISTICS INC.

I/We acknowledge that VALUEWAY GLOBAL LOGISTICS INC. take full payment from credit card/account for shipment related. I/We also acknowledge that in the event that the above charges are rejected on the credit card, there will be an additional administration fee of CAD\$35.

I/We undersigned personally guarantee to VALUEWAY GLOBAL LOGISTICS INC. full and complete payment of any and all debts that may arise or become due to VALUEWAY GLOBAL LOGISTICS INC. by myself / us / customer / applicant.

I authorize VALUEWAY GLOBAL LOGISTICS INC. to charge my VISA / MASTER CARD for any outstanding debts or for purchases that I/We/customer/applicant may make. I understand 2% of total amount of service fee will apply.

VISA / MASTER CARD NUMBER: \_\_\_\_\_ (CARD COPY REQUIRED\*)

EXPIRY DATE: \_\_\_\_\_ NAME ON CREDIT CARD: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**\*THE BOTH SIDES COPIES OF YOUR CREDIT CARD AND DRIVER LICENCE CARD ARE REQUIRED WITH THIS FORM.**

**VALUEWAY OFFICIAL USE ONLY**

SERVICE TYPE	DISCOUNT RATE	APPROVED BY SUPERVISOR	APPROVED BY MANAGER
Valueway Courier: Documents	% OFF		
Valueway Courier: Parcels	% OFF		
UPS: North American	% OFF		
UPS: International	% OFF		

GRANTED CREDIT LIMIT: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_, SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**\*NOTE – IT WILL TAKE APPROXIMATELY ONE WEEK TO PROCESS YOUR APPLICATION.**