



**MEL MARTIN'S TRANSFER LTD.**

**Box 3383, Fort Saskatchewan, AB T8L 2T3**

**Phone: 780-998-2429 Fax: 780-992-0983 fax**

[leann@melmartins.com](mailto:leann@melmartins.com)

**CREDIT APPLICATION**

Legal Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Company Address \_\_\_\_\_

(if different from above)

Phone # \_\_\_\_\_

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

Years in Operation \_\_\_\_\_

**Please provide the name of three suppliers that you currently deal with including account numbers**

Supplier \_\_\_\_\_

Address \_\_\_\_\_

Phone & Fax #'s \_\_\_\_\_

Receivables Contact \_\_\_\_\_

Supplier \_\_\_\_\_

Address \_\_\_\_\_

Phone & Fax # \_\_\_\_\_

Receivables Contact \_\_\_\_\_

Supplier \_\_\_\_\_

Address \_\_\_\_\_

Phone & Fax # \_\_\_\_\_

Receivables Contact \_\_\_\_\_

Financial Institute \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Account # \_\_\_\_\_

Contact Name \_\_\_\_\_

**Please indicate how you would like to be invoiced:**

**Fax:** \_\_\_\_\_ **email:** \_\_\_\_\_ **mail:** \_\_\_\_\_

**Do you require copies of the waybills with every invoice?** \_\_\_\_\_

**Please note that our terms are Net 15**

Signed \_\_\_\_\_

Title \_\_\_\_\_